MAKTLAND STATE DEPARTMENT OF REALTH

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1/x 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	55
HEALTH DEET	I. DECEASED NAME First Middle Lost 20. DATE KNOWN Month Dox	y Yeor 2b, HOUR
× 0 × =	(Type or Print)	
	William Henry Allen DEATH MATED 1-4-6 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I F UNDER 14 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
delo and 3		68 19 5: 11pm
200	Male Negro 14 May 1920 47 YRS. 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	OO14 DETTOW
- E 0	Country) WIDOWED DIVORCED Prince George's	hAA
h for h for tate	Ponna I I CA - I I I I I I I I I I I I I I I I I I	KIND OF BUSINESS OR
hours ofter death tem 18. Give Pages Office along with for 1 and 2 with the State after death.	during most of working life, even if retired.) INDI Cheverly Prince George Gen. Hospital	USTRY
Giv Sing Th th	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Beart, OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER	
18. Girls olange olange death.	odmission) STATE Md. 13pfffffce George's Pleasant YES X NO 7410 Booker Driv	e
hours Item 1 Office 1 and 2	14. FATHER'S NAME First Middle Lost LS, MOTHER'S MAIDEN NAME First Middle	Lost
	William H. Allen, Deceased Laura	Tyler
	16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
certificate should be executed within 24 writing the word "pending" in pencil in irwarded to the Chief Medical Examiner's used as a burial-transit permit. File pages noval, and in any event within 72 hours	(Yes, no, or unknown) (If yes give war or dates of service) 578-16-3523 Cleo Allen 7410 Booker Dr. St. Pl	leasant, Md.
Paris E	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSEY AND GEATH
be executed "pending" in nief Medical E ansit permit. F event within	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Liver failure	
exe andi Me t pe	DUE TO, OR AS A CONSEQUENCE OF	
d be (Chief Transit transit)	Conditions, if ony, which gove (b) Cirrhosis of liver	ver 4 vrs.
word word the Ch rial-tra	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be to word "perion the Chief burial-transit in any ever	last.	
s certificate should be, writing the word farwarded to the Clean of th	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iffica arde d os al, o	3 7/0	Tax
its certific te, writin forward to used or removal,	190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1)	20. AUTOPSY?
4 to 9 d	The EVERNAL CAUSE HOLE DIT THAT OF HIS DAY AS DO YOU AS HOME HOUSE OF THE PARTY.	YES NO 🙀
连云 壬		B.)
INER: e certif should files. 3 shoulk ation,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Co	ounty State
	WHILE NOT WHILE foctory, office building, etc.)	21016
EX.		
ICAL E exector. Page for CTOR: burial,	22a. I certify that I taak charge of the remains described above, held on Autopsy, Inspection, Inquiry,	and in my apinion
oleose e director etoined DIRECT	death resulted from: Nature Cayses X, Accident , Suicide , Homicide , Undetermined manner	
TTY SIC.	ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE SIGN	HED
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o DEPUTY SICAL EXAM necessory, please execute it the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	Uo
ro DEPUTY necessory, the funero 5 moy be 70 FUNERA	Trefuele - de	unty) (Stote)
F F	REMOVAL (Specify)	
h	24. FUNERAL DIRECTOR HAPMONY Memorial Parker By REGISTRAR 25b. REGISTRAR'S SIGN	
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FOR STATE	1 Applican value	357
HEALTH DEPT)	(Type or Print)	Yeor 2b. HOUR
delay is and 3 to may Page	Cora Elizabeth Armstrong DEATH MATED ☑ 1-10-68	
d d d	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD Month Day Year Industry Months Days Hours Min.	2d. HOUR
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NER: T should b should b files. 3 should ation, or	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 Zid. INJURY OCCURRED 21e. PLACE OF INJURY /At home, form, street 21f LOCATION Street or R.F.D. No. City or Town Country	
Afin she she 3 sh matin	the state of the s	ity State
EXAMINER: alte the certi age 4 shauld your files. Page 3 shau	WHILE NOT WHILE foctory, office building, etc.)	
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ICAL E executor. Poped for CTOR: Burrial,	deoth resulted fram: Natural causes Accident , Suicide , Hamicide Undetermined monner	and an my apariton
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TO DEPL necessor the fun 5 may TO FUNE Health	230. BURIAL, CREMATORY 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County	y) (Stote)
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H	24. EUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAD SIGNAL	JRE O
VR A15ME (5) 10M REV, 1/68	De Witt Wanaldown Laurel mod DATE JAN 22 1968 Toliante	Judge
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DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, If institution; Residence before admission) COUNTY HOWard a. COUNTY within 24 hours a. STATE N MARYLAND pue b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) Laurel (rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE hours d. STREET ADDRESS ON A FARM? Washington B lyd completely YES NOT papers. Demana? Hosm to 72 3. NAME OF Middle 4. DATE Month Year DECEASED OF within (Type or print) DEATH 70 1900 D. 7313 1022 T.F. carbon 5. SEX 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH and 7. MARRIED TINEVER MARRIED Jest birthday) Months male Hours WIDOWED [DIVORCED remove 10e. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Horse Racing Prainer of DOTSAS please C 13. FATHER'S NAME MOTHER'S MAIDEN NAM Then oval. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT aftes of service 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH Acute anterior myocardial infarction IMMEDIATE CAUSE (a) burial-transit **DUE TO** S attending Arteriosclerotic cardiovascular disease Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying the cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 50 CERTIFICATION PERFORMED? US6 prior NO this o 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 1 20f., (City or town) (State) 20c, TIME OF INJURY Month, Day, Year (County) refained Jo. factory, street, office bldg., etc.) While Not While Hour e.m. DIRECTOR: at work | at work n.m. 8 21. I certify that (1) (this hospital) attended the deceased from. plnods State M. from the causes and on the date stated above. and that death occurred at saw the degelesed alive on... 22e. SIGNATURE ATTENDING death. Page 4 HOSPITAL. page with t PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S rector, 23a BURIAL, CREMATION, | 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City, town)or county S.F.O REMOVAL (Specify) BUNERAL/DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S VR A15 (4) 20M 5-63

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1	-	1	MARYLAND STATE DEPARTMENT OF HEALTH OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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de and 3	rtment	3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years lif under 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD male white March 11.1947 20 YRS. Manth Manth 12.1947 20 YRS.	Yeor 1968 A M
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L EX	DR: Po		220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X	
lease ex	RECTO a bur		death resulted fram: Natural causes , Acadent , Suicide , Homicide , Undetermined manner	
y pleo	AL DIR		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226, DATE:	SIGNED
o DEPUTY necessary, the funeral	5 may be relained for y TO FUNERAL DIRECTOR:P Health priar ta burial,	A	EXAMINER'S NAME (Type) John Kehoe, M.D. Deputy Medical examiner & Address (Street, Rain and Addr	
TO L	TO F		30. BURIAL CREMATION, PEMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town)	(County) (Stote)
			4. FUNERAL DIRECTOR 1/8 O HOLD H I H. ADDRESS 1/0 Z W. A ROAD 250T RECISTRAR 256. REGISTRAR 5	SIGNATURE
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		11353	DIVISION OF V	ITAL RECORDS.	301 W.	PRESTON STREET	T, BALTIMORE,	MARYLAND 21201		
		Item 6 Film G3	97 1/24/6			CATE OF DE		01	1359	
death.		CEASED NAME first ype or print) Vic	la	Middle	A	lost tkinson	2a D/	TE OF DEATH Manth 1-8-8	8 Year	25 HOUR
of the last	3. SE	x female	4 RACE Whit	e		S_DATE OF BIRTH		6- AGE (In years (last by haday) (In year)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
haurs of hau		BIRTHPLACE (State or foreign VA.	76 CITIZEN OF WHA	T COUNTRY?	8. MARRIE	D NEVER MARRIED	,	ry of DEATH		Md
thin 24 hay filled in papers.		ity or fown of DEATH	11 NAM	REOFHOSPITAL OR INS	TITUTION (I	f not in hospital	12a. USUAL OCCUP	ATION (Kind of work done trking life, eyen if retired)	12b KIND OF INDJSTRY	BUSINESS OR
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and co		ATHER'S NAME First Robert	M.iddle	last Jame		IS. MOTHER S MAIDE	N NAME First Mart	Middle 1.81	Bla	Lost n.d.
ertificate be physician c ien please aval, and i	16a. Y	WAS DECEASED EVER IN U.S. ARM		6b. SOCIAL SECURITY I		INFORMANT [I]ospita]	records	Address		
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the bunal-transit permit. Then please remave carban paper should be filled with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72		18. CAUSE OF DEATH (Enter onl PART 1. DEATH WAS CAUSED IMMEDIA	y ane cause per line BY: TE CAUSE (a)	for (a), (b), and (c).	BRE	VASCU		CCIDENT	APPROX: BETWEEN D	MATE INTERVAL NSET AND DEATH LVEEKS
at the d		Canditions, if any, which gave is is a immediate cause (a), (DUE TO, OR AS	A CONSEQUENCE OF	6E	v. 42	The si	certi	UNI	Krown
The law requires that aftending physician. has been signed by is a set the burial-transh priar ta burial, crem		stating the underlying cause last. PART 2. OTHER SIGNIFICANT COM-	(c)		OT DELATED	TO THE TERMINAL DI	SEASE OR CONDITION	COVEN IN PART 1(a)		
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The latence of the second of the price of th	CERTIFICATION					YES 🗌	но 🗆	CAUSES OF DEATH?		
ICIAN: pital al rtificate d far t	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, natify medical examin	H HOUR A.M. P.M.	Manth Day Year	9			af injury in Part 1 ar Part 2,		
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OR ATT be retain DIRECTO le 3 sha		22b. SIGNATURE	Hou	usuv		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 22c	DATE SIGNED 1 - P. C	S.P
O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		22d. PHYSICIAN'S NAME (Type)	.J 40	UMAR		22e. ADDRES		IVERTALE	.M. 7	
TO HOS Page Shoul	L	BURIAL, CREMATION, 23b. REMOVAL (Specify) BURIAL Jai		58 Ft Li	ncoln	OR CREMATORY Cemetery	Col	OCATION (City or Town) mar manor Pr		(State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01360 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 20-DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month 3. SEX 4. RACE 6 AGE (In Years SE UNDER 24 HRS S. DATE OF BIRTH IF LINDER 1 YEAR last birthday) DAYS HOURS YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH rountry DÍVÓRCED I paper burial, crematian, ar remaval, and in any event, within 72 WIDOWED IN filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWNING DEATH 12b2KiND OF BUSINESS OR give street address) during most of working life, even it retired) **ANDUSTRY** please remave carban 130 USUAL RES DENCE (Where deceased fived, if institution Residence before 13c CITY OR TOWN 38 INSFIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b COUNTY 14. FATHER S. NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle signed by the attending physician burial-transit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (If yes give war or dates of service) Yes no, or unknown) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1501 ficate has been s far use as the b i Health priar to b 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) State Dept. of (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not white at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased fram... , ta and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive an .. 4 may be retained director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY-23d. LOCATION (City of Town 23a BURIAL CREMATION (State) (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68

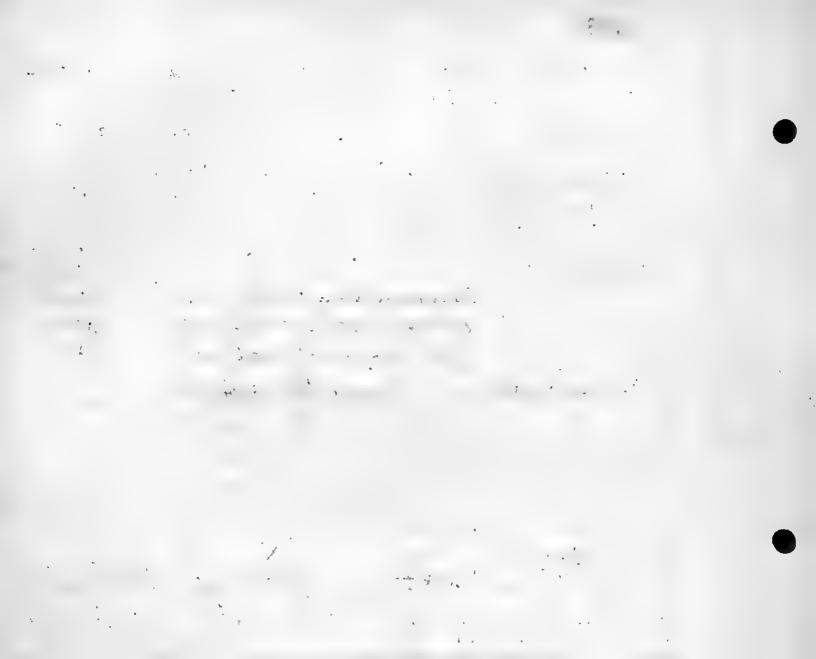
MARYLAND STATE DEPARTMENT OF HEALTH



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HEALTH DEPT 7			31	Middle	7024		KNOWN Month	Doy Year 2b HOUR
	((ype or Print) Ros		larie	Ball	■ OF	ESTI-	
delay is and 3 to	3 5		5 DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS 20 DATE	PRONOUNCED DEAD	2d. HOUR
9 5 4	F	emale Negro		lost birthday)		HOURS MIN MON	th Pay	68 198: QOam M
2,7 bd		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	UNTRY? 8 M	ARRIED NEVER MARRIE	D 9. COUNTY OF I	EATH	
form form	cour	**			DOWED DIVORCE		George's	Md
hours ofter deoth Item 18. Give Pages Office along with for and 2 with the State ofter deoth.	10 €	ITY OR TOWN OF DEATH	11 NAME O	F HOSPITAL OR INSTITUTION		12a USUAL OCCUPATION during mast of warking		12b KIND OF BUSINESS OR INDUSTRY
or de w		Landover	Woode	d Area. Lan	dover			III O SI KI
s offer 18. Give e olong 2 with death.	130	USUAL RESIDENCE (Where dece dmissign) STATE SUPJECT of Colu	ased lived, it institution = 13b (OUNTY				ET AND NUMBER	
urs n 18 d 2 v d 2 v		STRICT OF COLU	mpia Middle	Washing	15. MOTHER'S MAIDEN	NAME First		Hair
hourr Item Office I and 2	14 2	WINEK 3 NAME (113)	mode	7021	10. MOTHER 2 MAIDEN	NAME LICE	Middle	Lost
hin 24 ncll in niner's pages hours	16a	WAS DECEASED EVER IN U.S. ARME	FORCES? 116b S	SOCIAL SECURITY NO	17. INFORMANT		ADDRESS	
oence ramin po po 2 ho	()	es, na, ar unknown) (H yes g	we was or dates of service				775 0112.35	
be executed within "pending" in pencil iief Medical Examine iinsit permit. File pagi		18 CAUSE OF DEATH (Foter	inty one cause per +ne for	(a), (b), and (c))				APPROX MATE INTERVA. BETWEEN ONSET AND DEATH
executed nding in Medical permit.			ED BY Gun Gun		of head			SETTIEL DESET AND DEATH
exe andi Me t pe t pe			DUE TO, OR AS A					
be phief hief ansi		Conditions, if ony, which gove rise to immediate cause (a).						
should be e ne word "per to the Chief ! burial-transit		stoting the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF				
sho borri In		lost.	(c)		 			
XAMINER: This certificate should be executed within 24 hours ofter death the the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, ge 4 should be forwarded to the Chief Medical Examiner's Office along with form your files. Ogge 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Decremation, or removal, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CO	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE) TO THE TERMINAL DISEA:	SE OR CONDITION GIVEN I	h PART 1(o)	
certifi , writin orword used o movol,	NOIL	19a DATE OF OPERATION	19h	CONDITION FOR WHICH O	PERATION			20 AUTOPSY2
forv forv e us	CERTIFICATION			WAS PERFORMED?				YES NO NO
This frote, be fa		21a. EXTERNAL CAUSE WAS	21b T ME OF INJUR	Y Month, Day, Year	21c HOW INJURY OCCUR	RED (Enter nature of injur	y in Part 1 or Part 2, Iti	
NER: The certification of should be should be should be should should should be should.	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	1-6-689	Unknown			
	WE	21d INJURY OCCURRED 21s	PLACE OF NJURY (At horioctary, office building, etc.	ne, farm, street,	21f COCATION Street or R	FD. No Cty	ar Town	County State
L EXAM ecute the Poge 4 or your R: Poge		AT WORK AT WORK	unknown		unknown			
# \$ 4 4 6 E		22a certify that	taak charge of the re-		, ,	, Inspection	x, Inquiry x	, and in my apinian
JICAL pleose exe driector. F etained fo DIRECTOR		death resulted framy	γ, Natural (causes [Accydent .,	Suicide 🔲, Ho	amicide 📶 , Unde	etermined manner	
ITY SIC. Ty, please e erol director be retained RAL DIRECT Prior to bu		ACTUAL ,	1 1/2 19	. /		EDICAL EXAMINER .	÷	
Y, Py, Py, Py, Py, Py, Py, Py, Py, Py, Py		SIGNATURE	7 rus /	200	111.0	NT MEDICAL EXAMINER		
DEPUTY, cessary, e funero moy be FUNERA		EXAMINER'S NAME (Type) John R	-h 71 D	Ildana da Ta		MEDICAL EXAMINER (Street, city town, or coi	<u>1-8</u>	<u>-68</u>
necessary, pure funeral 5 may be no FUNERAL Health prior	230	O. L. V.	ehoe, M.D.	Tiverdale			v ((ity or Town)	(Caunty) (State)
ni	-	BURIA (CREMAT ON 23 REMOVAR(Specify)	-19-68	ANDI BD. OF	. 1	1	MORE	2.11
17	24	FUNERAL DIRECTOR	. 1	ADDRESS	250			S SNAT (RE LOS
VR A 5ME [5]					Dai	JAN 2 2 19	100 g	000



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01367 01362CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH DECEASED-NAME FIFST requires that the death certificate be executed within 24 haurs after death (Type or print) 4hhie 3. SEX 4. RACE IF JINDER YEAR CAUCASI last buthday) 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [] NEVER MARRIED 9. COUNTY OF DEATH country attending physician and campletely filled in sermit. Then please remaye carban papers/ outial-italisit permit. Then please remaye carban papers, butial, crematian, ar removal, and in any event. within 72sh -IEORG WIDOWED X DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address during most of working life, even if retired) INDUSTRY EUER 13o. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 3e STREET AND NUMBER 544 YES TY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost SANDERS LAURENA MARS HELEN B MATHEWSAddress 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, ng. or unknown) NONE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one touse per line for (o), (b), and (r)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (a) Canditions, if any, which gave ; rise to immed ote couse (a), signed by stating the underlying couse Q FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES | NO [21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town State County While Nat while 22a. I certify that (I) (this haspital) attended the deceased fram... , and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an causes stoted above, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN S NAME OF CEMETERY OR CREMATORY BUR AL CREMATION 23b. DATE ADDRESS VR A15 (4) WERDALE 30M REV, 1/68



WAKILAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01363 CERTIFICATE · OF DEATH death unera PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY a STATE b. COUNTY Prince Georges MARYLAND Dystine b CITY OR TOWN (If autside corporate imits, LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Glenn Dale (rural) hours 2 yrs. Washington, D. C. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE paper nn 72 ON A FARM? filled Glenn Dale Hospital 217 Varnum St., N. W. within NO K requires that the death certificate be executed within 3 NAME OF Middle lease remave carban Lost 4 DATE Doy Year **DECEASED** Emma R. Banks 20 and in any event, 68 (Type or print) 19 DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS birthday) Months Haurs N 11/29/1903 WIDOWED DIVORCED gua 1Do USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? attending physician sermit. Then please Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial-transit permit. Then p burial, crematian, or remaval, Robert Banks Lelia Moss 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16 SOCIAL SECURITY NO. 17. INFORMANT Address no unknown Decedent 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Recurrent cerebrovascular accidents with left by the haspital or attending physician. months hemiplegia Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause has been prior to as the (d) Generalized arteriosclerosis vears PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) WAS AUTOPSY PERFORMED? be detached for use State Dept. of Health Hypertensive and arteriosclerotic cardiovascular disease CERTIFICATI certificate NO T 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED TO FUNERAL DIRECTOR: After this 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (Stote) Haur a.m. foctory, street, office bldg., etc.) Nat While ATTENDING at wark L at work 21. I certify that (4) (this hospital) attended the deceased fram. 1966 , to 1/20/ 19 68, that (b) (we) last TO HOSPITAL OR ATTENE Page 4 may be retained 3 shauld with the , and that death accurred at 7:45 AM, fram causes and on the date stated above saw the deceased alive on 22a SIGNATURE 226 DATE SIGNED ATTENDING 1/20/1968 **X** M.D director, page Should be filed PHYS 22c PHYSICIAN'S 22d ADDRESS Glenn Dale Hospital Moe Weiss, M. D. NAME (Type) Glenn Dale. Md. 230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 DATE JAN

 $p^{-1}(\widetilde{\mathbb{F}}^n, \widetilde{\mathbb{F}})$ Extreme to go

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 71369 01364 CERTIFICATE OF DEATH DECEASED-NAME Farst Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) John E. Barker 3. SEX 4. RACE S DATE OF BIRTH IF LINDER 6. AGE (In years requires that the death certificate be executed within 24 haurs after 6 ost birthdoy) MONTHS 1 DAYS NOURS Male White 4/4/21 signed by the attending physician and completely filled in by the burial-transit permit. Then please remave carban papers. Pag burial, crematian, or removal, and in any event, within 72 hours of 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [DELAWARE 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospitol 12b KIND OF BUSINESS OR H. MOTOR MECHANIC Prince George's General Cheverly 130 LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INS.DE CITY LIMITS? YES NO ... 13c CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY Pr. odmission) STATE Maryland 5011 Sheridan St. George's Riverdale 15 MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost BARKER HELEN AMES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT BARKER BARBARA Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH ACIDOSIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove t rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES X NO | 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY **PHYSICIAN** OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy director, page 3 should be detached I should be filed with the State Dept. of (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AY HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 141/ , 1968, to-anuary 13, 1968, that (I) (we) last saw the deceased alive an 151/ , 1968, and that in (my) (our) apinian death accurred an the date and have and from the causes stated above, (I) (we) (did) (did not) view the bady after death. O FUNERAL DIRECTOR: After 22b SIGNATURE 22ca DATE SIGNED ATTENDING MED. DIRECTOR 22e, ADDRESS 22d. PHYSICIAN S NAME (Type) 23d LOCATION (City or Jown) 23b DATE 2So. REC'D BY REG STRAR .25b FUNERAL DIRECTOR 30M REV. 1768



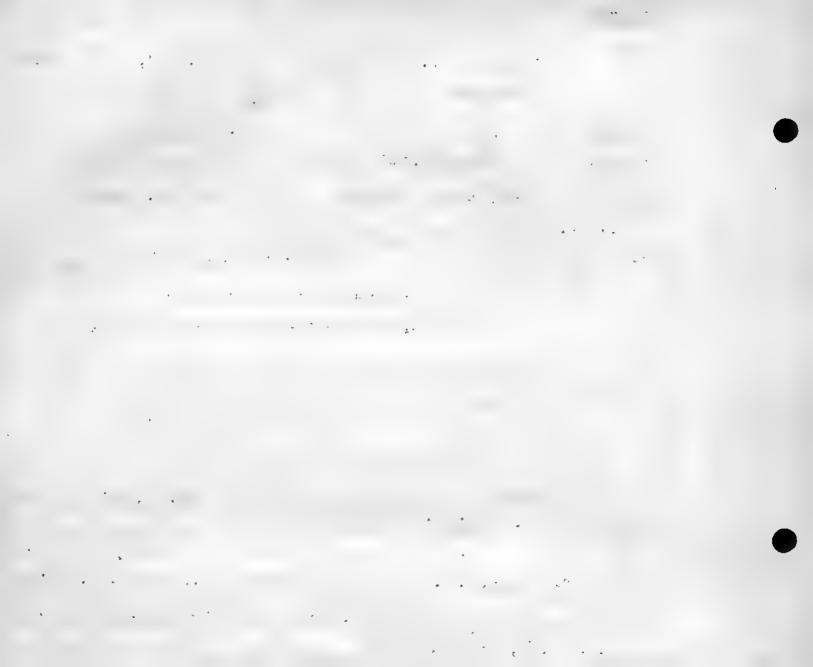
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01365
HEALTH DEPT.	I DECEASED NAME First Middle Lost 20 DATE KNOWNE	Menth Day Yeor 2b. HOUR
200	(Type or Print) OF ESTI- DEATH MATED DEATH DEA	
ment of ment of	3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCE	
3 2 4 E	Female White 9-8-1919 48 YRS. MONTHS DAYS HOURS MIN Month	5 68 19 7 55a M
	TO B-RTHPLACE (Stote or foreign The CITIZEN OF WHAT COUNTRY? IR MARRIED NEVER MARRIED 9 COUNTY OF DEATH) 08 17 78) Ja m
thours after death Iny Item 18 Give Pages 1, 2, Office along with form P I and 2 with the State Department	(country)	male Md
th for total	Nebraska USA WIDOWED D PORCED Prince Georg	work done 112b KIND OF BUSINESS OR
Give Poges ong with for ith the Stote	give street oddress) during mast af warking life, even	if retired) INDUSTRY at home
Gray the transfer of the trans	Hillcrest, Heights 5204 27th, Ave. Housewife 13a USDAL RESIDENCE (Where deceased lived, if his fution Residence before 13c CITY OR TOWN 3d MSDE CITY LIMITS? 13e. STREET AND NU	
olo olo wii	odmission) STATE Md. 132 COUNTY George Same as #10 YES NO 5204 27t	h Arre
hours after deoth Item 18 Give Poge Office olong with 1 Iond2 with the State		Aiddle Lost
24 hours a' in Item 18 rs Office ol es I ond 2 wi	Peter Nielsen Magda	Tuling
thin 24 niners pages hours	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANY ADDR	
within pencil xamine ile poge 72 hou	(Yes, no, or unknown) (If yes give war or dates of service) 577.50.7512 Wm.T.Barnes same a	s #11
	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
urte gg gg mmt. mmt.	PART I DEATH WAS CAUSED BY.	over 11 mo.
pending ref Medical nist permi	IMMEDIATE CAUSE (o) Garcinoma of Stomach DUE TO, OR AS A CONSEQUENCE OF	lover 11 mo.
per per nsit	Conditions, if any, which gave	
Chi Chi	rise to immediate couse (a). (b) Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
wo wo the	lost.	
rentificate should be executed writing the word pending in rworded to the Chief Medical sed as a burial-transit permit.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140	
reof ded ded		1
te, writing for the second removed control of the second removed remov	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter not are of injury in Part 1)	20. AUTOPSY?
for for enview	WAS PERFORMED?	YES 💭 NO 🗀
INER: This certificate e certificate, writing should be forworder files. 3 should be used os a should be used os otton, or removal a	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Part 1	
erfuld out,	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 2 d IN.JRY OCCURRED 2 PLACE OF INJURY (AL name form street 21t LOCATION Street or R.F.D. No. City of Town	
		Caunty State
(AMINER: te the certified to the certifi	WHILE OF MOT WHILE factory, affice building, etc.)	
necessary, p ease execute the cert the funeral director Page 4 should 5 may be retoined for your files. To FUNERAL DIRECTOR: Page 3 should be fell prior to burial, cremation.	220 certify that I took charge of the remains described above, held on Autopsy Inspection	Inquiry 🔀 , and in my opinion
CAI or or od f	deoth resulted from: Not of couses , Ac dent , Suicide , Homicide , Undetermined	
ense e director estoined DIRECT	CHIEF MEDICAL EXAMINER	
Tet Tour	SIGNATURE	22b DATE SIGNED
ury, any, nerc be ERA	EXAMINER'S DEPUTY MEDICAL EXAMINER &	1-5-68
o DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Heolth prio	NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, city town, or county)	
TO DEPUTY necessary, the funera 5 may be TO FUNERA! Heelth pr	230 BURIA CREMATION 23b DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of I	own) (Caunty) (State)
- 1	Burial 1.8.68 Cedar Fill Cemetery Suitland	Maryland
A.	24 FUNERAL D RECTOR ADDRESS IT 250 REG STRAR 250 (250 REG STRAR 250)	REGISTRAR S S GNATURE
VR A15ME (5)	Lee Funeral Home 300.4th st N E D C DATE AN R 1969	Minia Putor -

MARYLAND STATE DEPARTMENT OF HEALTH



- 1			D STATE DEPARTMENT OF		
	01371		301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	01366
	1 DECEASED-NAME First (Type or print) Cha	Middle A.	Last Barr	2a. DATE OF DEATH Jan 8 Day 68	2b. HOUR 1:15
	3 SEX Male	4. RACE White	S DATE OF BIRTH 2/11/97		UNDER YEAR IF JHDER 24 HRS. NTHS DAYS HOURS MIN.
d in by pers p 72 hau		76 CITIZEN OF WHAT COUNTRY? JSA	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Prince Georges	M
physician and campletely filled in by the feen please remave carban papers. Pages aval, and in any event, within 72 haurs afte	10 CITY OR TOWN OF DEATH Riverdale	ii Name of Hospital or ins give street oddress Lela	nd Memorial	ost of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY od store
amplet ave car event,	admission) STATE Md.	d lived, if institution: Residence before	13c. CITY OR TOWN 13d INSIDE CITY IN HYBRIT STATE OF THE	IMMIS? 13e STREET AND NUMBER	
and or remo	14 FATHERS NAME First Willia	Middle Last	15. MOTHER'S MAIDEN NAME Julia Ly		Last
hysiciar n pleas val, and	16a. WAS DECEASED EVER IN U.S. ARMI		O 17 INFORMANT	Address	
nding physician. been signed by the attending physician and campletely filled in by the fu s the burial-transit permit. Then please remave carban papers Pages 1 iar to burial, crematian, ar remaval, and in any event, within 72 haurs after	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONS	E CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	o sclerate coperation of related to the TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a) 1206: IF YES, WERE FINDINGS CONSI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he has has as alth prince	19a DATE OF OPERATION 19b C		YES NO	CAUSES OF DEATH?	
ertitica ted far 1. af He	S OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M. 19			
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creating the state burial and the state burial are stated.	While Not while at wark 220. I certify that (I) (this sow the deceased old	hospital) attended the decease	DEGREE PHYS	inion death occurred on the date of the large of the larg	and hour and from the
shauld	23a BUR:AL, CREMATION, / 23b. D. REMOVA (Specify) Jan		EMETERY OR ENEMETORY Ct Hill Cemetery	10 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	Caunty) (State)
	24. FUNERAL DIRECTOR Gasch's	ADDRESS	2Sa. REC'D E	PY REGISTRAR 256. REGISTRAR'S SIGN	NATURE





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.1368 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN 1 DECEASED-NAME First Middle 2b. HOUR (Type or Print) 1- 13-68 191 : BOamM DEATH MATED George Washington Beattv Jr. 6 AGE (In years S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 58197 : 30am M White 4-27-1934 Male YRS. 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED TO 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Maron. Penn. U.S.A. WIDOWED [DIVORCED [Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 112b. KIND OF BUSINESS OR Office along with during most of working life, even if retired.) . INDUSTRY . Bricklayer . Bricklaying give street oddress) Leland Memorial Hospital Riverdale 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER land 2 with 13b Montgomery admission) STATE Md. Takoma Park YES NO 7122 Willow Avenue after 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Beatty. Sr. Henry George Isabell shauld be farwarded to the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT ST. Jakoma Park Nd. ues _= 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Gun shot wound of abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoling the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) certificate 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔀 NO 🔲 21b. TIME OF INJURY Month, Day, Year crematian, or 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shamld PRIMARY [X] OR CONTR. BUTING 1-13-1968 Shot by assailant. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, City or Town 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. County Stote WHILE AT WORK Lee's Bar 2903 Hamilton Street, Hyattsville, Md. 22a. I certify that I taok charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X], and in my apinian Natural causes ... Accident ... Suicide ... Hamicide ... Undetermined manner ... death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TX NAME (Type) John ADDRESS(Street, city, town, or county) Riverdale, Md. the 23d LOCATION (City or Town) (Caunty) (State) Oakwood Cemetery Jan 19, 1968 Sharon, Pennsulvania 250. REC'D BY REGISTRAR Thomas Milarley Justes

MAKTLAND STATE DEPARTMENT OF REALTH



FOR STATE	01374 DIVISIO		v. PRESTON STREET, BALTIMORE, P NER'S CERTIFICATE OF DE		01369
HEALTH DEPT.	1. DECEASED-NAME FI	rst M. ddle	Lost		Doy Yeor 2b HOUR
S 0 9	(Type or Print) Fra		Beavers, Jr	20 DATE KNOWN Month OF ESTI- DEATH MATED 7 -	19-68 195:05a
5 m 2 m	3 SEX 4 RACE	S DAYE OF BIRTH 6	AGE (In years IF JNDER LYEAR IF UNDER 2	4 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
and de la de	Male White	4-14-1929	1ast birmduy) MONTHS GAYS HOURS	Marth Doy	689 5:24a M
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		NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)	
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his orte, e fo be u	190 DATE OF OPERATION 210. EXTERNAL CAUSE WAS				YES NO 🔀
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ase ecto	death resolted fram:	natural cooles 23, Aco	CHIEF MEDICAL	_	' -
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5 = + ~ 5 ±	230 BURIAL, CREMATION 23	b DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify) Burial		Comfort	Fairfax Co., V	irginia
	Walter J. Hal		G Alfred Sts. 250 RECT	AN 25 1968 REPUTAL	School State And And Andrews
VR A15ME [5] 10M REV 1768	Cunningham Fune	ral Home Inc. A	lex. Va. DATE JI	411 2 3 1000 7	U

MARYLAND STATE DEPARTMENT OF HEALTH



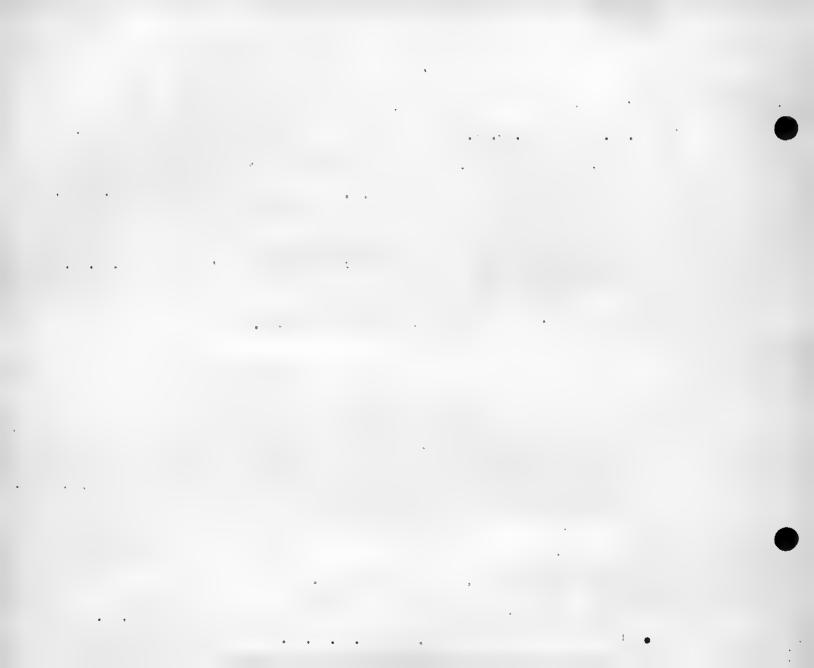
MARYLAND STATE DEPARTMENT OF HEALTH 01375 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01370 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR buriol-tronsit permit. Then please remove corbon papers. Pages ond 2 buriol, cremation, or removal, ond in any event, within 72 hours after death (Type or print) Month Yeor D10 Gabrielle Berke lev F UNGER 1 YEAR IF JINDER 24 HRS 3 SEX S. DATE OF BIRTH 6. AGF (In years ter HOURS Female. 9. COUNTY OF DEATH requires that the death certificate be executed within 24 hour 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) WIDOWED IV DIVORCED Prince bearges France and completely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH Iduring most of working life, even if retired) give street address INDUSTRY remove corbon HVatts wille Carroll Dress maker MANOF 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO I Wash 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Charud physician (Jescoh 16b SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN US ARMED FORCES? Address Carrell malalar (It was give war or dates of service) Yes, no, or unknown) 4922 La Soile Rd APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Congestive Heart Failure 2 weeks DUE TO, OR AS A CONSEQUENCE OF 11 yesrs Arteriosclerotic Heart Disease Conditions, if only, which gove) signed by the buriof-tronsit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospitol or attending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) IO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to l 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TAME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year (If either, notify med col exominer) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote 21d. INJURY OCCURRED City or Town While Not while of work 220. I certify that (1) Attisk Kospital ottended the deceased from Dec. 1 , 19 37, to Jan. 29 19 08 sow the deceased olive an Jan 28 19.68, and that in (my) (eur) opinion death occurred on the date and hour and from the courses stated obave, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b, SIGNATURE ATTENDING MED DIRECTOR 1/29/68 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Thomas F Collins, M.D. Washington, D.C. NAME (Type) 322 H St. N.E. 23d LOCATION (City or Jown) (Stote) 23c. NAME OF CEMETERY OR CREMATORY (County) 230 BURIAL, GREMATION 23b. DATE DREMOVAL (Specify) -25o. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 (4) DATE FEB 30M REV 1/68



THE PERMITMENT OF PERMIT

MADVIAND CTATE DEDED

		11278 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13'73
HEALTH DEPT.	I D	ECEASED NAME First Middle Last 2a DATE KNOWN X Month Da	y Yeor 25. HQUR
of of	(Tony A. Blakeney OF ESTI- 1 1	
\$ m	3. S		2d HOUR
		male Negro 11-23-14 23 YRS 23 YRS	Year 19 682 3 M
e k	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARR ED . 9. COUNTY OF DEATH	
2 2	tuoi	Try) S. C. U. C. A. W DOWED DIVORCED Prince George!	
			NIND OF BUSINESS OR DUSTRY
7 5 E	120	Landover Sive_street oddess) Near Kenilworth Truck driver NE USUAL RES DENCE (Where deceased lived, finistitut on: Residence before 13c (ITY OR TOWN 3d ANSIDE CITY LIMITS? 13e STREET AND NUMBER	
s affer 18. er olong with death	130	dmission) STATE _ 13b COUNTY _ D.C. YES \$\infty\$ No \ 1109 Eye St.	N.E.
hin 24 hours after den not in Item 18, since princes office along with the hours after death	4 F	ATHER'S NAME First Middle Last Lis MOTHER'S MAIDEN NAME First Middle	±0s†
1 hours 1 tem Office Tand2			ınlap
hin 24 nc l in notner's pages l hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	norsie
w thin pencl xamine ile pag	()	es, no, or unknown) (if yes give wor or dates of service) Tessie Riakenev 256 Warren St. 1	de de la comp
ed w t in pe t Exan t. File in 72		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in itef Medical Es insit permit. Fevent within		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Laceration of brain	
exe endi Me it pe		15 O DUE TO, OR AS A CONSEQUENCE OF	
be hief		Conditions, if ony, which gove (b) Multiple skull fractures	
shauld be executed to ward "pending" is a the Chief Medical buriol-transit permit.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she v fa th burn		(c)	
's certificate shauld be executed within 24 fe, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's e used as a buriol-transit permit. File pages I remayal, and in any event within 72 hours		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
certifi , writhin arward arward used a	NOL	19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
e, w farv farv emo	CERTIFICAT	WAS PERFORMED?	YES NO K
	_	21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Manth, Day Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item	18)
KAMINER: The ter the certification of the certifica	3	PRIMARY X OR CONTRIBUTING 2:15 Mam 1-13, 68 driver of car which struck b	ridge abu
AINI he of short 3 sl mati	3	21d IN-JRY OCCURRED 21e, PLACE OF MJURY (At home, form, street, Informative highest and Informative highest are 10 controlled to the contr	County State
		AT WORK AT WORK & Route 50 near Kenil worth Avenue Landover	P.G. Md.
Executor Page of far. Page far. CTOR: Page burial,		22a Certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection 💢 , Inquiry 💢 ,	
director.		death resulted from. Natyrol couses 🗌 , /Accident 🔀 , Suicide 🗍 , Hamicide 🔲 , Undetermined monner 🗌	
direction of r		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MED	
Ty, please y, please properto		SIGNATURE MD ASSISTANT MEDICAL EXAMINER (_)	
DEPUTY SICAL E		EXAMINER'S NAME (Type) John Kehoe M.D., Riverdale, Md. ADDRESS(Street, cty, town, or county)	
necessary, the funeral 5 may be ro funeRAL Health pre	230		ounty) (Stote)
2 2 -	200	BURIAL CREMATOR 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cty of Town) (Constitution) Removal (Specify) Removal 1/15/68 Charlotte. N. C	
	24	FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 1250 REGISTR	VATURE
VR A15ME [5] 10M REV 1768		Iere's Ameral Home 1425 Md. Ave, N. E. D. Carl	es Judge



FOR STATE	01379 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	#295a
HEALTH DEPT.		y Year 2b. HOUR
e de to	(Type or Print)	68 193:15amM
deloy is and 3 to M3. Page	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JUDIK 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
y delc and PM3. I	Male	68 19 3:15amm
- C	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
S & &	10 13 William Prince George's	Mo D. KIND OF BUSINESS OR
with form	give street oddress) during most of working rife, even if retired) INE	OUSTRY OF BUSINESS OR
₽ '5 E' \← '€	Cheverly Prince George Hospital 130 LSUAL RESIDENCE (Where deceased ved, finishing on Residence before) 13c (ITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
0 8 0 8	adm ssion) STATE Md. Prince George Colmar Manor YES NO 4307 Newton St	reet
Thours Office office offer do	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
r's C	CLAUDUS J. BOLEN TESSIE E. KO	UTSOS
d be executed within 24 d'ipending in pellicul in Chief Medical Examiner's transit permit. File pages y event within 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no. gaugknown) (11 yes give wor or dates of service) NONE CLAUDUS J. BOLEN (SAME A:	5 13 E)
ed v iii iii Ex iii 7	18. CAUSE OF DEATH (Enter any one cause per line for (a) (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ex pend if M sit p	Conditions, if any, which gave	
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should be en word "per to the Chief in only ever	stating the underlying couse DUE TO, OK AS A CONSEQUENCE OF	
the shape the day of the und	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	<u> </u>
This certificate cate, wr ting the performance of t	2 10. DATE OF OCCUPATION	
certif , wr t ofwar used mova	190 VALE OF OPERATION 190. COMU TON TON SPIRIT OPERATION WAS DEPENDANTS	20 AUTOPSY?
2-0 9	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Hern	YES NO X
= = = = :	⇒ PRIMARY FOTOR CONTRIBUTING □ HOUR A.M.	
INER: ee certif should files: 3 shoul	2 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D. No. (1) or Town	Tebuove bot
EXAMINER: ute the certil oge 4 should your files. Page 3 shou	WHILE NOT WHILE of fortory, office bu ding, etc.) AT WORK AT WORK AT WORK Leland Rd., 2500 ft. West of Rt. 301, Hall, Maryland	1
ICAL ES executar Poge ed for SCTOR: Puriol,	22a certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry .	ond in my opinion
ECIC Port	death resulted fram: Notural causes, Adident X_, Suicide, Homicide, Undetermined manner	
pleose e director reformed ior to b.	ACTUAL CHIEF MEDICAL EXAMINER COST DATE SEC	
DITY pleosing the prior to prior to	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 1	NED 19 – 68
necessory, pleose execute the funeral director Page 4 5 may be retoined for your to Funeral Director. Page Health prior to buriol, crem	EARMINER 3	7-00
The contract of the contract o	22. DUDIA CHARLON 23. AV. 122. MANU OF MATCH OF OF OFFICE OF A CONTROL	ounty) (Stote)
	BUNGTON NAT. CEMT. ARLINGTON NAT. CEMT. ARLINGTON N	RGIAIA-
	24 FUNERAL DIRECTOR ADDRESS 1250 REGISTRAR 4 250 REGISTRAR'S SIGN	LATURE .
VR A15ME [5] 10M REV 1/68	W.W. CHAMBERS CO. YIVERDALE, MD DATE FED 13 1000.	6

MARYLAND STATE DEPARTMENT OF HEALTH



	Ttems 3 & 16b Film 399 ITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
,es **		Items 3 & 16b !	ETTIN GOALING KINDS	ERTIFICATE OF DEATH	IMUKE, MAKTLANU 21201	01/4
Call A.	1 0	CEASED NAME First	Mrddle	lost	20. DATE OF DEATH	26 HOJR
一 图 图 图		ype or print)			The state of the s	1968 530 M
7 3 5	3. SE	Franc	cis M.	Bowie Is, Date of Birth		F JNDER I YEAR IF JNDER 24 HRS.
	L	/female/ Male	white	Feb 22, 191	LO last birthday) YRS.	ONTHS DAYS HOURS MIN
n by		BIRTHPLACE (State or foreign http://	75. CITIZEN OF WHAT COUNTRY? U.S. A.	8. MARRIED SC NEVER MARRIED DIVORCED DIVORCED	Prince George	5
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unted amplet ve car event,	13o odm	USUAL RESIDENCE (Where deceose ssion) STATE Md	lab. COUNTY Geo		MITS? 130 STREET AND NUMBER 5902 31th av	enue
d cc	14. 1	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Lost
be re lin e		Frank	Bowie	Lillian I	R. Murray	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs sites. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tu director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers Pages should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) INO	MED FORCES? 16b SOCIAL SECURITY N 214 01 65		vie Hyattsville,	Nd.
certh g ph hen mav			ry one couse per line for (o), (b), and (c),			APPROXIMATE INTERVAL BETWEEN, ONSET AND DEATH
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The law reattending has been se as the th prior ta	3	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE		206 IF YES, WERE ANDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
The att	CERTIFICATION			YES NO C		4,
AN: al ol icate far u Hea		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	TH HOUR AM. Month Day Year	21c. HOW INJURY OCCURRED (Ente	r nature of injury in Port 1 or Port 2, Ite	m 18.)
Spit Spit ed ted	MEDICAL	(If either, notify medical examin	ner) P.M. 19	7007) 015 10571011 0 1 0 5 0 1	*** *	6
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u shauld be filed with the State Dept. af Heal	~	While Mot while		TORY.) 21f. LOCATION Street or R.F.D No		County State
by I fter be Stat		22a. I certify that (I) (th	is hospital) attended the decease	ed from , 196 9 & F, and that in (my) (our) opi body ofter deoth.	7. 10 1-3 196	that (I) (we) lost
END Pred Pred The		saw the deceased al	live an (did) (did not) view the	א באב, Y, and that in (my) (our) opi body ofter death.	nion death occurred an the date	and nour ond from the
ATT ATT Short shor		22b SIGNATURE			22c DA	TE SIGNED
OR OR JERE		Harry	(Edyren	DEGREE PHYS	MED STAFF PHYS.	-3-68
PITAL may b RAL D r, pag		22d. PHYSICIAN S NAME (Type)	4LD C. EDGKE	MM.D 22e. ADDRESS	yottsville, Md	
10Si 4 4 CON E ect of our load	230.	BURIAL, CREMATION, 23b. (DATE 23c. NAME OF	CEMETERY OR CREMATORY		(County) (Stote)
Page Poge Should direct		DEMONAL (Consider)	n 6, 1968 Ft Li	ncoln Cemetery	Colmar Manor Pro	Geo Md.
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR P. Gasch's Se	ADDRESS	Md 250 REC'D E		GNATURE
9///1 KE7 1/08	\mathbf{L}			DATE	. 0 1040, 2	7 7



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01381 01375 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH after death ond (Type or print) Brickerd 3. SEX 4. RACE 6 AGE (In years lost birthdoy) 5 DATE OF BIRTH IF UNDER 1 YEAR IF JNDER DAYS MONTHS I YRS requires that the deoth certificate be executed within 24 hours 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED [country) WIDOWED X DIVORCED [rince rsicion and completely filled please remove corban pop buriol, cremotion, or removal, and in ony event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitole 120 USUAL OCCUPATION (Kind of work done KIND OF BUSINESS OR downg most of working life, even if retired) Lanham 13o. USUAL RESIDENCE (Where deceosed lived, if institution-Residence before 13e. STREET AND NUMBER and 14. FATHER S-NAME First Middle almoen offending physicion permit. Then please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANI Address Yes no or unknown) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per link for (a), (b), and (c), BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o signed by the c buriol-transit p Conditions, if ony, which gove t rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) te has been s use as the b alth prior to b 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO TZ director, page 3 should be detached for use should be filed with the State Dept. of Health TO FUNERAL DIRECTOR: After this certificate be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town State County While hot while of work 22a. I certify that-(1) (this haspital) aftended the deceased from tσ that (I) 1990, and that in (my) (our) opinion death accurred an the dote and hour and from the saw the deceased alive an causes stated above, (I) (wa (Idid) (did not) view the body ofter death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR 22d. PHYSICIAN S 22e ADDRES NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Jan 24, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo 24. FUNERAL DIRECTOR ADDRESS REGISTRAR 2 6 REGISTRAR'S SIGNATURE VR A15 (4) F Gasch's Sons Hyattsville. Md. 30M REV, 1/68



1	4	01382 MARYLAND STATE DEPARTMENT OF HEALTH	
N.	in a	DIVISION OF VITAL RECORDS, SOT W. PRESTON STREET, BACTIMORE, MARTEMED 21201	040190
* * * * * * * * * * * * * * * * * * * *			01376
f = 2/5/		ECEASED NAME First Middle Last 20. DATE OF DEATH Age or print) KNTHERINE LI BROWN TAN Manth 10 Day	68 Year 1000
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OR be re 3 ed w	1	17.0, DEGREE PHYS. DIRECTOR DIRECTOR PHYS DI	110/68
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Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signing by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creased.	23g	BJRIAL CREMATION, 235 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) REMOVAL (Specify) 23d 13.1968 Frostburg Cemetery Frustleur	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH 01383 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01377 CERTIFICATE OF DEATH DECEASED NAME First Middle 20 DATE OF DEATH 2b HOUR director, mage 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after decay. requires that the death certificate be executed within 24 haurs after death by the funeral (Type or print) 43 Month 0 4. RACE SEX 5. DATE OF BIRTH 6. AGE (In years F JNDER 1 YEAR IF LINDER 24 HRS last buthday) ZHTHOM DAYS HOURS YRS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED (ountry) and campletely filled in DIVORCED [WIDOWED -10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Hon during most of working the even if retired) 30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13a, STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE GTY LIMITS? odmission) STATE 13b COUNTY YES & NO [14 FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Los Lost RUTON physician a 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) attending phys 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY: BETWEEN DISSET AND DEATH ONONARY MIN IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) TATERIOSCUENDIIC O FUNERAL DIRECTOR: After this cerificate has been signed by the directar, mage 3 shauld be detached far use as the burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Page 4 may be retained by the hospital ar attending physician. lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO HOSPITAL OR ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO TA 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (!) (this hospital) oftended the deceased from. 1967, and Wat in (my) (our) apinion death agrurred on the date and hour and fram the saw the deceased alive on 12/2/ couses stored above. (1) (we) (didY/did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 235 DATE MAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 230 BURIAL, CREMATION 230 (Stote) (County) REMOVAL (Specify) FUNERAL DIRECTOR **ADDRESS** 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR AT5 (4) 30M REV 1/68 Charles



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01378 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPA 1 DECEASED NAME First Middle 20. DATE KNOWN Month Yeor 2b HOJR (Type or Print) EST)-DEATH MATED Minnie -130p M Buckev 3 SEX 4. RACE IF UNDER 24 HRS S DATE OF BIRTH 6 AGE (In years 2c. DATE PRONOUNCED DEAD 2d HOUR gud last birthday) Stote Departm 68 192 : 000m M 69 Female White 31 Dec. 1898 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) USA WIDOWED TX DIVORCED [] Prince George's Item 18. Give Pages 10. CITY OR TOWN OF DEATH olong with 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g SJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Give street address)
Prince George Hospital the during most af warking life, even if retired.) INDUSTRY Retired Cheverly store 3d INSIDE CITY LIM. 157 death 13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE George YES- NO 3922 Oliver Street Hvattsville lond2 Office offer 14. FATHER S NAME Eirst Middle IS. MOTHER'S MAIDEN NAME First Middle Alonzo Hill Unknown ٦ Exominer's hours pages 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY ND 17. INFORMANT ADDRESS (Yes na, ar unknown) Agnes Reymer Hyattsville, Md. File .⊑ within APPROXIMATE .NTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) e, writing the word "pending" in forwarded to the Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Heart failure minutes event DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over 5 yrs. Conditions, if any, which gave rise to immediate cause (a). ony should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate removal 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? This e certificate, NO Z YES | 210 EXTERNAL CAUSE WAS 21b. TiME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street of R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK 220 I certify that I took sharge of the remains described above, held on Autopsy Inspection X. Inquiry X and in my opinion deoth resulted fram-Notural causes 3 Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior **ACTUAL** moy be re FUNERAL I 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUN. Heolth 1-17-68 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, ar county) Kehoe. M.D. Riverdale. Md. 23g BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Jan 19, 1968 Colmar Manor Pro Geo Ft Lincoln Cemetery Md. 24. FUNERA, DIRECTO ADDRESS REGISTRAR S SIGNATURE Hyattsville, Md. F. Gasch's Sons VR A15ME (5) 10M REV 1768

MARYLAND STATE DEPARTMENT OF HEALTH



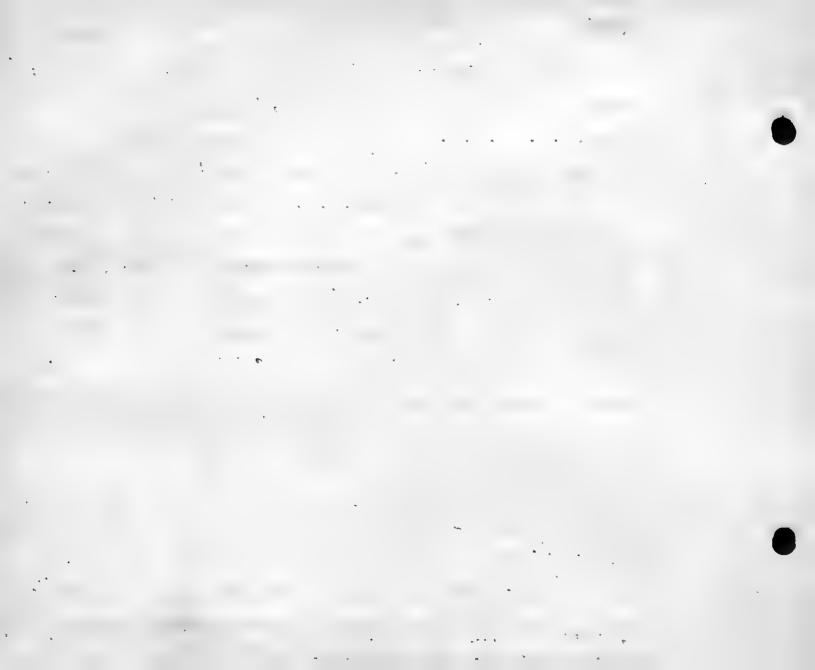
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	physician en please oval, and i	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? \$16b. SOCIAL SECURITY NO. \$17 INFORMANT Address
	fice specification of the spec	1	(es, no, or unknown) (If yes give wor or doins at service) James V. Burroughs - See Item 139-e
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	e death ce attending p permit The		18. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).)
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	ER/		NAME (Type) PALFICET & LAPPIN, MI) CLINION, ME
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, cres.	230	BURIA., CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		Burial 1-27-1968 Fort Lincoln Cemetery Suitland, Md.
	H H 3	- 24	FUNERAL DIRECTOR
	VR A15 (4)	2	oseph Gawler's Sons, Inc. 5130 Wisc. Ave. N. W. DATE JAN 3 1 1958 RECUSTRAR SIGNATURE Unage



		MAKTLAND STATE DEPARTMENT OF HEALTH OF THE D	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1380
HEALTH DEPT.	1. D	DECEASED NAME First Middle Lost Zo DATE KNOWN CT Month D	lov Yeor 2b, HOUR
v o al dies !	((Type or Print) Tracy Marie Carroll OF ESTI- DEATH MATED X 1-4-	
delay i	3 S	EX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF LHDER I YEAR IF UNDER 24 MRS 2c. DATE PRONOUNCED DEAD	2d HOUR
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form form		Md U. S.A WIDOWED DIVORCED Prince George's	Md
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offe of the south with south	130	USUAL RESIDENCE (Where deceosed lived, finishitation Residence before 13c CITY OR FOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY CLASSIFICATION OF THE TAXABLE COUNTY CLASSIFICATIO	
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han Offi offe	14 1		Lost
nul in 14 niner's pages 1	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
thin min pag		Yes no, of Unitown) (If yes give wor or dotes of service) None Lewis Cizocoll Same is	5 2 D
INER: This certificate shauld be executed within 24 hours after deather extificate, writing the ward "pending" in pencil in item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the State De nation, or removal, and in any event within 72 Cours after death	-	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	APPROXIMATE INTERVAL
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should be en word "per a the Chief in burial-transit		lost (c)	
ab ab		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CAL EXAMINER: This certificate execute the certificate, writing the car. Page 4 shauld be farwarded to dor your files. CTOR: Page 3 shauld be used as a bburiol, cremation, or removal, and	N	795)	
certification of the control of the	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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INER: Te certific shauld b files.	At C	PRIMARY OR CONTRIBUTING HOUR A.M.	18)
NER Shau Shau files. Sha attor	MEDICAL	CAUSE OF DEATH P.M. 19 21d .NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE AT WORK AT WORK	3.0.0
DEPUTY SICAL EXAM ressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page		220. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection [X], Inquiry [X],	and in my opinion
CAL exec exec cross		death resulted from. Notural couses X., Addent Suicide Homicide Undetermined monner	
JICA please ex director. etained DIRECTO		CHIEF MEDICAL EXAMINER	_
and a digital an		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATE SIGNATURE	GNED
Sary Sary Sary FRA		EXAMINER'S DEPUTY MEDICAL EXAMINER X	5-68
necessary, please the funeral directions may be retaine to FUNERAL DIRECTION Health prior to to		NAME (Type) John Kehoe, M.D. Riverdale, d. ADDRESS(Street, city, town or county)	
5 g = ~ 5 = /	230	REMARYAI (Specify)	ounty) (State)
D'	26	FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REGISTRARS S.	Mel
VR A15ME (5)	1 24	15. Wishington & Son 3492 - Denne Ave NE. DATEJAN 10 1968 Juliand	A LL 200
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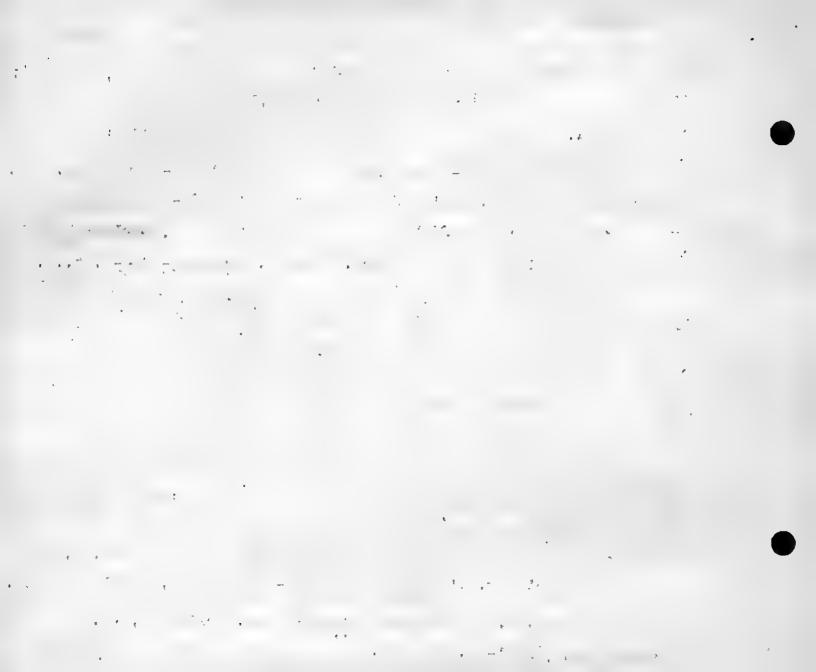


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 013812b HOUT DECEASED NAME Middle Lost 20. DATE OF DEATH Frst law requires that the death certificate be executed within 24 hours after death (Type or print) Month ENEVIEVE 968 IF UNDER 1 YEAR and campletely filled in by the fur remove carbon papers. Pages in any event, within 72 hours after 3. SEX 4. RACE DATE OF BIRTH 6 AGE (In years lost hirthday) MONTHS DAYS HOURS White Gemale March 7. 1881 HEARS 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington. Prince Georges DIVORCED [WIDOWED X 12a USUAL OCCUPATION (Kind of work done TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRY Home give street address) ille during most of working life, even if retired.) attending physician was carban armit. Then please remave carban its any event, with 0 Hyattsvible Nursina Home cremation, ar removal, and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 134 INSIDE CITY UMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY Emerson Stree 14. FATHER'S NAME First Lost 1S. MOTHER'S MAIDEN NAME First Middle Bartholomen Margare Crawtord 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, ng, or unknown) (If was give wor or dates of service) APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gave) nse to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse burial, 1 last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? detached far use te Dept. of Health 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of miury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City of Town County State While Nat while at work at work 22a. I certify that (I) (this hespital) altended the deceased from LIVE 1962, and that in (my) (eur) opinion death occurred on the date and hour and from the saw the deceased alive on. cases stated abave, (1) (we) (did) (did not) view the body after death. 22 DATE SIGNED 22b SIGNATURE **ATTENDING** DEGREE PHYS DIRECTOR PHYS directar, page s PHYSICIAN S 22e. ADDRESS NAME (Type) Brownon East West Highway 4401 Sethesda. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Store) 230. BURIAL, CREMATION 1968 (County) 25a. REC D BY REGISTRAR VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 01384 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01382 CERTIFICATE OF DEATH First Middle Lost 20. DATE OF DEATH DECEASED-NAME and (Type or print) Month Cecil Chapman Ray .Tan S DATE OF BIRTH 3 SEX 4. RACE 6. AGE (in years OAKS White last birthdov) MONTHS March 28,1920 Male 24 hours of 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH popers. rountry West Va. Prince Georgeis USA DIVORCED T WIDOWED | 1], NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ove street oddress)
5439- Linda Lane Machinist Naval Hes. Lab. Camp Springs 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LAMITS? 13e STREET AND NUMBER requires that the death certificate be executed signed by the attending physician and cample burial-transit permit. Then please remave abusial, cremation, are remaved. odmiss on) STATE Maryland Camp Springs 5439- Linda Lane Geo'S 4. SATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First First Lost akakka miller Chapman Otis **Elsie** M. 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes no, or unknown) Mrs Elsie M. Chapman -5204-T.St.SE. 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b) and (#)
PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. L. 14 Y PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 MO | O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year be retained by the haspital (If either, notify medical examiner) detached 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while of work 22a | certify that (I) (this haspital) attended the deceased from 19 , 19 , ta 19 , 19 , that (I) (we) last saw the deceased alive an 19 , and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above, (I) (we) (did not view the bady after death. Jan. 6.1968 22b. SIGNATURI ATTENDING 22H MED. DIRECTOR DEGREE 22d PHYSICIAN'S 22e ADORESS 4400- Stamp Road, Temple Hill Md. Timothy F. O'Donovan NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 230 BURIAL, CREMATION, Arlington National Cem. Arlington, Va.

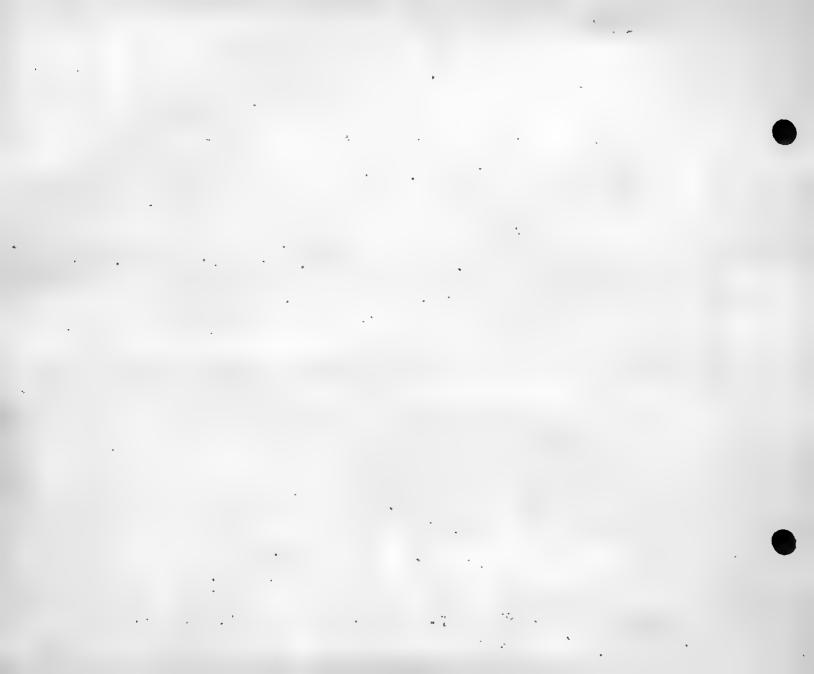
ADDRESS Wash., DC | 250. REC D BY REGISTRAR | 25b. REGISTRAR S SIGNATURE. EMOYAL (Specify) Jan.10.68 25b REGISTRAR'S SIGNATURE 24 JUNERAL DIRECTOR VR A15 (4) 1661-Gd. Hope Rd. SE DATE, AN 30M REV, 1/68 Bros.



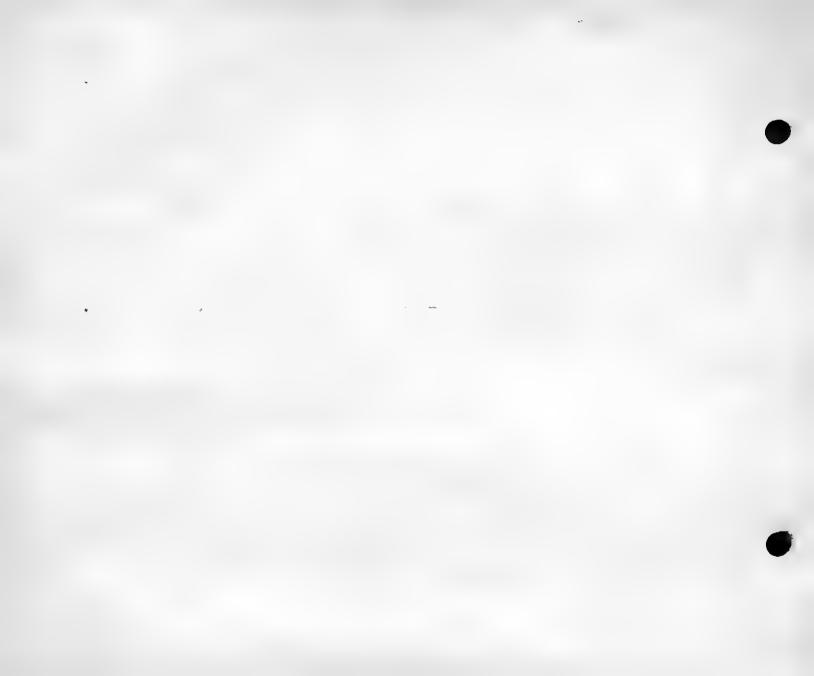
-		11389 . DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•	1	CERTIFICATE OF DEATH 01383
offer death.		ECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print) Frank Stuart Chappal Day Year 2b. HOUR A RACE S DATE OF BRETH 6. AGE/(In years last birthday) WONTHS DAYS HOURS MAIN WORTHS DAYS HOURS MAIN
ond completely filled in by the remove carbon, property filled in by the remove carbon, property. Popping in ony event, within 72 hours of	10.	BIRTHPLACE (Stote or foreign 7b CHIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED DIVORCED DIV
ertificate be execut physician and com nen please remove lavat, and in any ev	16a	FATHER'S NAME First / Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Edwin B. Chappell Lost Laura Elizabeth Johnson WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (if yes give year or dottes of service) (if yes give year or dottes or dottes of service) (if yes give year or dottes or dottes of service) (if yes give year or dottes or
at the deoth c the ottending nsit permit. If		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Stating the underlying cause The consequence of the couse (a), stating the underlying cause The couse (a), and consequence of the couse (a), stating the underlying cause The couse (a), and consequence of the couse (a), a
AN: The law requires that or attending physicion crote has been signed by far use as the buriol-tro Heolth prior to buriol, cre	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). Diabetes Tollitus Turphyse me Dranchegin evincular 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO X CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Herm 18)
by the fitter of the defection of the de	MEDICAL	DR CONTR BUTING CAUSE DF DEATH HOUR A.M. Manth Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No City or Town County State work 22o. I certify that (I) (this hospital) ottended the deceased from CC 1977, to CUT Ag, 1968, that (I) (we) last saw the deceased alive on CC 1968, and that in (my) (our) apignian death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady ofter death.
TO HOSPITAL OR ATTEND Poge 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the ?	230	22d. PHYSICIANS THEODORES. ABERNETHY 22e ADDRESS 19 ST N W Washing hu. D.C.
02 02 VR A15 (4) 7	24	BURIAL CREMATION 23b. DATE 1/31/68 23c. NAME OF CEMETERY OR CREMATORY Prince George Ounty, Md FUNERAL DIRECTOR The S.H. Hines Coopess 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 2901 14th St. N.W. Washington, L.C. DATE FEB 1 1968 Clearly Judges
		- A MILLIA I MANAGEMENT OF THE PARTY OF THE

AKTIMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLE G397 2/6/68 kk CERTIFICATE OF DEATH	AND 21201 01384
Ttell 6397 2/6/68 kk CERTIFICATE OF DEATH	(/ X (/ · x
1. DECEASED NAME First Middle Lost 20. DATE OF DEA	AJH 2b. HOUR
(Type or print) 3 SEX 4. RACE 5. DATE OF BIRTH 6. ST. 70 BIRTHPLACE (Stote or foreign country) 70. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTRY OF DELEVATION OF WHAT COUNTRY? WIDOWED DIVORCED	Month Day . Year M
3 SEX 4. RACE 5. DATE OF BIRTH 6.	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
10-12-86 8	ost burthday) Months Days Hours Min YRS.
70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTRY OF DEA	TH.
The sale winds will be the winds willowed & DIVORCED Towner	, Idlarged Md
10. CITY OR TOWN OF DEATH 11 MAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life during most of working life.)	nd of wark done 12b KIND OF BUSINESS OR INDUSTRY
give size oddress). during most of working life 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM-75? 13e STREET	4
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ddmissign STATE 13b COUNTY 14 FATHEK'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First 14 FATHEK'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First 15 MOTHER'S MAIDEN NAME First 15 MOTHER'S MAIDEN NAME FIRST 16 MOTHER'S MAIDEN NAME FIRST 17 MOTHER'S MAIDEN NAME FIRST 18 MOTHER'S MAID	Middle Last
Middle Lost 15. MOTHER'S MAIDEN NAME First	4.2
160. WAS DECEASED EVER IN J.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT	Address Va.
Q = Sag (Idyes give war or dates of service) 226-66-62 Martin N. Chase, 4009 L	aurel Rd., Alexandria,
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF rise to Immediate cause (o), (stoting the underlying couse) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
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Conditions, if ony, which gave (b) (b) retailed to the remarks	of the state of th
rise to Immediate cause (o). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
Stating the underlying couse OUE TO, OR AS A CONSEQUENCE OF CA of Rt Breast PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	5+ yrs.
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× = B = 9 × / / / 0 ×	
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES	, WERE FINDINGS CONSIDERED IN CERTIFYING
NA S S S S S S S S S S S S S S S S S S S	DEATH?
210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in	Part 1 ar Port 2, Item 18.)
Dia Fig. 19 [If either, notify medical examiner] P.M. 19	
21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or 1	Town County Stote
ot work of work	10.21
22a. I certify that (I) (this haspital) attended the deceased from ///// 19	, 19. 3., that (I) (we) last
saw the deceased alive an	irred an the date and haur and fram the
saw the deceased dive an	22c DATE SIGNED
ATTENDING CTI MED ST	AFF D 1,549/62
MED DIRECTOR	10.
22d PHYSICIAN S NAME (Type) PHYSICIAN S NAME (Type)	1121
THE PHYSICIAN S NAME (Type) 220 PHYSICIAN S NAME (Type) 230 PHIPIAL CREMATION 1231 DATE 1232 NAME OF CEMETERY OF CREMATORY 1234 LOCATION (1)	00,100
22d PHYSICIAN S NAME (Type) 230 BURIAL, CREMATION, 23b DATE 230 BURIAL, CREMATION, 23b DATE 230 BURIAL, CREMATION, 23b DATE 230 DATE 230 BURIAL, CREMATION, 23b DATE 230 DATE 240 DATE 250 DATE	City or Town) (County) (State)
22d PHYSICIAN S NAME (Type) A DATE 23d BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (COMMAND)	City or Town) (County) (State) Illinios ZSD REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01385DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if stistillion. Residence before admission o. COUNTY o. STATE PRINCE GEORGES MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Dapers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 ON A FARM? RA .CLIUTOU COMMUNITY 1+08 PITA YES NO D The law requires that the death certificate be executed within NAME OF pg. Middle DATE Month Lost Year DECEASED OF BERNARD (Type or print) DEATH 1968 6 COLOR OR RACE 7 MARRIED NEVER MARRIED F UNDER 24 HRS rthday) Months Dovs WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if ret, red) 13. FATHER S NAME MOTHER'S MAIDEN NAME or remayal. Frank Chesley Julia Ann Hill 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no or unknown) (If yes give wor or dates of service Eleanor Chesley La Plata, Md. crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (a) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burral-transit ZONSES AND REATH IMMEDIATE CAUSE (o) DUE TO signed L THOMBOSKS Conditions, if any, which gove (b) rise to immediate cause (a). DUE TO CONG. HEART FAILURG far use as the lifted stoting the underlying couse haspital ar attending PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? PATTENSIVE ATTS.CV certificate 200 ACCIDENT WAS UNDERLYING . 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH Dept. of etoched (IF E THER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour om factory, street, office bldg , etc.) 21. I certify that (1) (this haspital) attended the deceased frample 1 UAN 1963 to 1968, and that death accurred at 1 PM, from causes and on the date stated above saw the deceased alive an AN TO FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED director, page should be filed BRANDY WINE 22c PHYSICIAN'S W. MERKLE MID DATE THEREOF 23d LOCATION (City or Town) RECD BY REGISTRAR 25b REGISTRAR S SIGNATURI VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01392 01386CERTIFICATE OF DEATH DECEASED-NAME Last 20 DATE OF DEATH 2b HOUR ofter death. (Type or print) Phillip Chipman 68 7:20PM Jan 4 RACE Caucasian 3. SEX Male 5. DATE OF BIRTH IF LINGER 1 YEAR 6. AGE (In veors last birthday) DAYS TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely field in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. "Tage should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours at 87 Nov 1880 hou 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED X X NEVER MARRIED (ountry) Washington D C US A WIDOWED [DIVORCED [Prince Georges 24 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within, Prince Georges Gen'l Hosp INDUSTRY during most of working to, even if retired) Electric co Cheverly 13a US_AL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 134 INSIDE CITY LIM TS? 13e, STREET AND NUMBER odmiss on) STATE Mary Land Brentwood 3818-38th St. Georges 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First George B hipman Margaret Bowie 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give wor or dates of service) 579 34 0553 Edna Chipman Brentwood. Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEATH Conditions, if ony, which gove) use to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🔲 NOXXX 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year P.M 210 PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work 220 I certify that I characteristical attended the deceased from 1965, 1964, to 3, 1966, that II (MRN) lost saw the deceased alive on 1965, and that in 1965 opinion death occurred on the date and hour and from the couses stated above 1 (mrn) (did) (six not) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED.
DIRECTOR DEGREE 22d, PHYSICIAN'S 22e ADDRESS NAME (Type) 3503 Perry Street, Mt. Rainier, Maryland Don B. Cameron, M. D. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Washington D. C. Jan 6, 1968 Rock Creek Cemetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons Hyattsville, Md.. 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

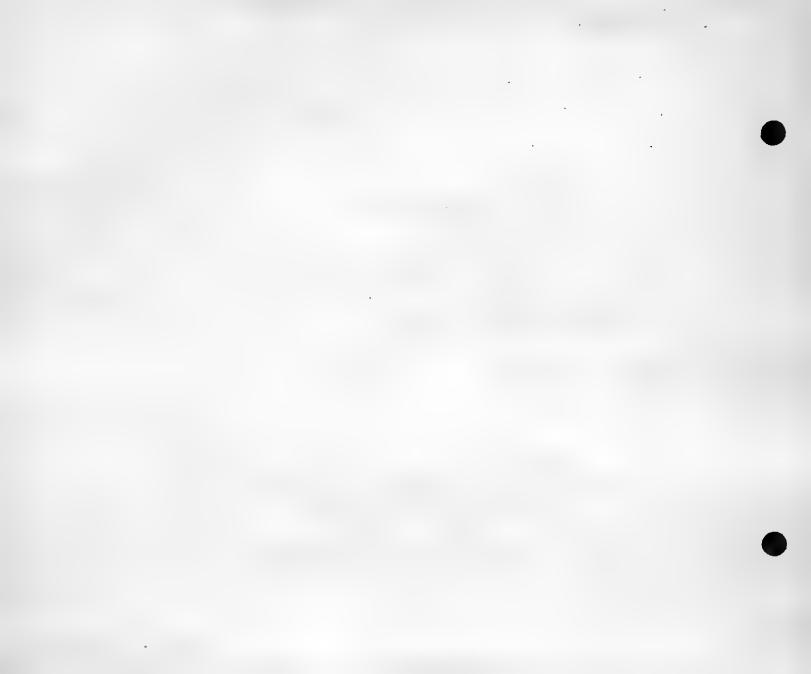
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-7		MARYLAND STATE DEPARTMENT OF HEALTH OF POLYMENT OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FON STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01358
HEALTH DEPT		ECEASED-NAME 20 DATE KNOWN To Month	Day Year 26. HOUR
	1 (Type or Print) Claire OF ESTI- DEATH MATED 1-1	4-68 1912:50pm
ny delay 2, and 3 PM3. Pag	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years I IF LINDER 1 YEAR IF JINDER 24 HRS 2C DATE PRONOJINCED DEAD	2d HOJR
and and and		emale White 23 Aug. 1936 31 YRS	68 19]2:50p M
E 6	7o coun	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
form form	10.7	Mass. U.S.A. W DOWED D.VORCED Prince George's ITY OR TOWN OF DEATH II NAME OF HOSPITA. OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done	Md.
Page with with	1	give street oddress) during most of working life even if retured)	126 K ND OF BUSINESS OR INDUSTRY
Sive ng v	130	Theverly Prince George Hospital Housewife USUAL RES DENTE (Where deceased hved if institution Residence before 13c CITY OR TOWN 130 MSDC CITY LIMITS? 13e STREET AND NUMBER	
s afte. 18. Gillong along 2 with death		dmission) STATE Nd. Prince George Greenbelt YES NO B577 Brae Broo	k Apartments
haurs Item Office I and 2	14 F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 h		Roger Keliher Julia M	ccarthy
INER: This certificate should be executed within 24 hours after death in delay is should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page files. 3 should be used as a burial-transit permit. File pages I and 2 with the State Depertment of hatian, or remayal, and in any event within 72 hours after death		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS	
I with n per Exom		No Hospital Records	Annious Hall State of
be executed 'pending' in the Medical Eansit permit. Fevent within		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROX MATE INTERVAE BETWEEN ONSET AND DEATH
ding ding hedri		IMMEDIATE CAUSE (a) Laceration of brain	
pence ef M ef M		ODUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave)	
raid &		rse to mmed ote couse (o) (b) And multiple abdominal injuries Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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uting arde arde d as	NO		Top - Topone
te, writin farward te used as	ICATI	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
INER: This certificate, writh should be farward files. 3 shauld be used nation, or remova	CERTIFICATION	1-13-68 WAS PERFORMED? Intra- abdominal bleeding 210 EXTERNAL CAUSE WAS	YES X NO
ertification of the saule	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A M. 1-12- 1968 Struck by car while crossing st	
KAMINER: te the certities 4 should your files. age 3 shaul cremation,		21d Ib., RY OCCURRED 21e PLACE OF INJURY (At home form street 21f LOCATION Street or R.E.D. No. City or Town	County State
XAM te th ge 4 your oge crem		WHIE MOI WHILE Strate to the constitution of t	Prince Geo. C
bical Examiners se execute the certificator Page 4 should ned for your files. ECTOR: Page 3 should a bur al, cremation,		220. I Certify individor charge of the reliables described above, held all. Astropsy [22], Inspection [23], Industry [2	Δ, ond in my opinion
no DEPUTY DICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health prior to burial, crem		death resulted from Natural gauses, Accident 🔀, Suicide, Homicide, Undetermined manner	
please I director retaine DIREC		ACTUAL CHIEF MED CAL EXAMINER 225 DATE	CICHED
ITY, erall be be print		SIGNATURE AND MEDICAL EVAN APP.	14-68
o DEPUTY necessary, the funera 5 may be 0 FUNERA		NAME (Type) John Kehoe, N.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	
To I The To F	230	BUR AL, CREMATION, 1 236 DATE 237 NAME OF CEMETERY OR CREMATORY 236 LOCATION (City or Town)	(County) (State)
		Eurial 1/19/68 Quincy City Com. Quincy, Mass.	
ND +18445 /61	24	Home Indvalley's Funeral Many Land Page 250. REC'D BY REGISTRAR 256. REG'STRAR'S	
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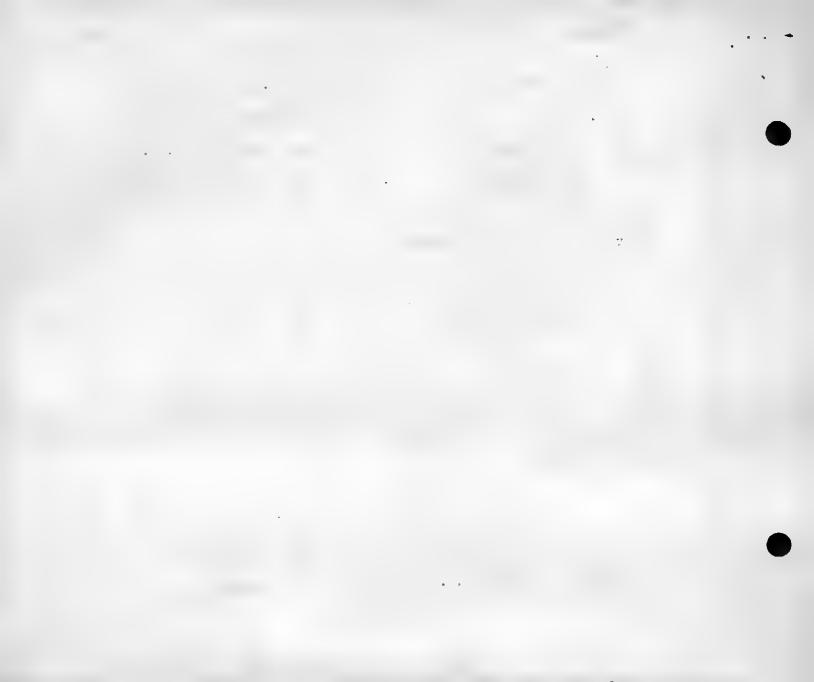
MARYLAND STATE DEPARTMENT OF HEALTH IDIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY RINCE MARYLAND GEORGE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b HYATTSUILLE YATTSUILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within SHERIDAN LONHAM MAGNELIA NO.K YES executed within completely Last DATE Month Day Year DECEASED OF event, MAR JAN (Type or print) 1968 DEATH 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Davs | Hours | Min 7. MARRIED NEVER MARRIED Months | Days Hours 26 FEMALE WIOOWEO X DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY physician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be and MASS HOUSEWIFE 4.5.A removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending parmit. Then ATRICK MARGARET. DEVINE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6 (Yes, no, or unkown) | (If yes give war or dates of service) 812 SHERIDAN transit perm cremation, o 022 16 3635 MRS, C. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN this certificate has been signed by the detached for use as the burial-transit is Dept, of Health prior to burial, creman ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO DO YES . 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 120e, PLACE OF INIURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) be de State I Hour a.m. While Not While director, page 3 should be d should be filed with the State at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 4-68 Page 4 may b M.D. PHYS. DIRECTOR ADDRESS EON Rype) BURIAL, CREMATION, 235. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) LAWRANCE EMMACULATE CONCEPTION COM BURIAL 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. VR A15 (4) W.IU. CHAMREN 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 71396 0.1390CERTIFICATE OF DEATH Last DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR the death certificate be executed within 24 hours after death. (Type or print) Month 8, Day 68 Year 7:55 AM Howard E. Con tee Jan. 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (in years IF LINDER 24 HRS IF UNDER 1 YEAR last bethday) Negroid Male Aug. 27, 1902 burial-transıt permit. Then please remove carban papers. Page burial, cremation, or removal, ond in ony event, within 72 hours al 7g BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland completely filled in Prince Georges DIVORCED [USA WIDOWED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR apper and during most of working life, even if retired) INDUSTRY Cheverly 13a USUAL RES DENCE (Where deceased aved, if institution Residence before 113c, CITY OR TOWN 13d. INSIDE CITY JIMITS? 13e STREET AND NUMBER odmywary Tand Frince Georges Upper Marlboro NO F 9136 Dorsey Road 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Last Middle unknown unknown attending physicion sermit. Then please 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address [II yes give war or dates of service) Yes, no. or unknown) M. Contee-wife-9136 Darcy Road Grace 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Dantreatitis YEARC 88 6876 DUE TO, OR AS A CONSEQUENCE OF signed by the c burial-transit p Conditions, if any, which gave t rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending director, page 3 should be detoched far use os the should be filed with the State Dept. of Health prior to 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? hos CAUSES OF DEATH? YES KX NO [O FUNERAL DIRECTOR: After this certificate Poge 4 may be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Mat while of work 19 07), to Jan 8, , 1968 , that (I) (week) lest 220. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive or Jan 8 1968, and that couses stated above, (I) (we) (did) (see see) view the body ofter death. _1968_, and that in (my) four opinion death occurred on the date and hour and from the 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED, DIRECTOR xx DEGREE PHYS. PHYS 22d PHYSICIAN'S 22a ADDRESS NAME (Type) 6319 Landover Rd. Cheverly, Maryland Frederick H. Wilhelm, M. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b, DATE (County) (Stote) Maryland /12/68 Harmony Memorial Park ADDRESS 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR Home-4001 Benning Rd., 30M REV 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01397 01391 CERTIFICATE OF DEATH hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) Glenn Dale (rural) 36 days Washington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS 24 Glenn Dale Hospital 605 Rittenhouse St. N.W □ NO K YES PHYSICIAN: The law requires that the death certificate be executed within 3 NAME OF Middle 4 DATE Lost Doy Year remove carbon DECEASED complete event, Grover C. (Type or print) Cooksey 18 DEATH January 19 68 SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (n years F UNDER 1 YEAR | IF UNDER 24 HRS 7, MARRIED NEVER MARRIED birthdoy) Months Days Hours Male White 3/6/1885 X burial, crematian, or removol, and in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of work no life, even if retired)
RELITED INDUSTRY COUNTRY? ottending physician sermit. Then please Maryland USA UTO MECHANIC 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Somerset Cooksey Elizabeth Swann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, as unknown) (If yes give wor or dates of service) 577-48-0305 Decedent INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ‡ has been signed by the se os the buriat-transit PART I. DEATH WAS CAUSED BY: 1 ONSEL AND DEATH Acute myocardial infarction IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if only, which gove rise to immediate couse (a). coronary artery DUE TO stoting the underlying couse director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to Coronary artery disease with occlusion of right/ years PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? Pulmonary infarction; arterionephrosclerosis; old healed myocardial infarction; pulmonary tuberculosis YES X NO F certificate ō 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port If of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED TO FUNERAL DIRECTOR: After this 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg , etc.) OR ATTENDING at work at work 12/13 1967 to 1/18 , 1968, that (N) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ 19.68, and that death accurred at 7:55PM, from causes and on the date stated above saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** 1/18/1968 M.D DIRECTOR PHYS 22d. ADDRESS Glenn Dale Hospital 22c. PHYSICIAN'S O HOSPITAL Moe Weiss, M.D. NAME (Type) Glenn Dale, Maryland BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 23d LOCATION, (City or Town) [County] (Stote) REMOVAL (Specify) 250 REC'D BY REGISTRAR 2\$b REGISTRARS day (La >"



The sea ser		01398	DIVISION OF VITAL RECORDS,	. 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
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tificate branchysician on please	16e. Y	WAS DECEASED EVER IN U.S. (es, no, or unknown) (H yes	ARMED FORCES? I give was or doles of service) 219-56-	1326 Wilmer P.	Shaw Garess	Portorpus,
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MARYLAND STATE DEPARTMENT OF HEALTH



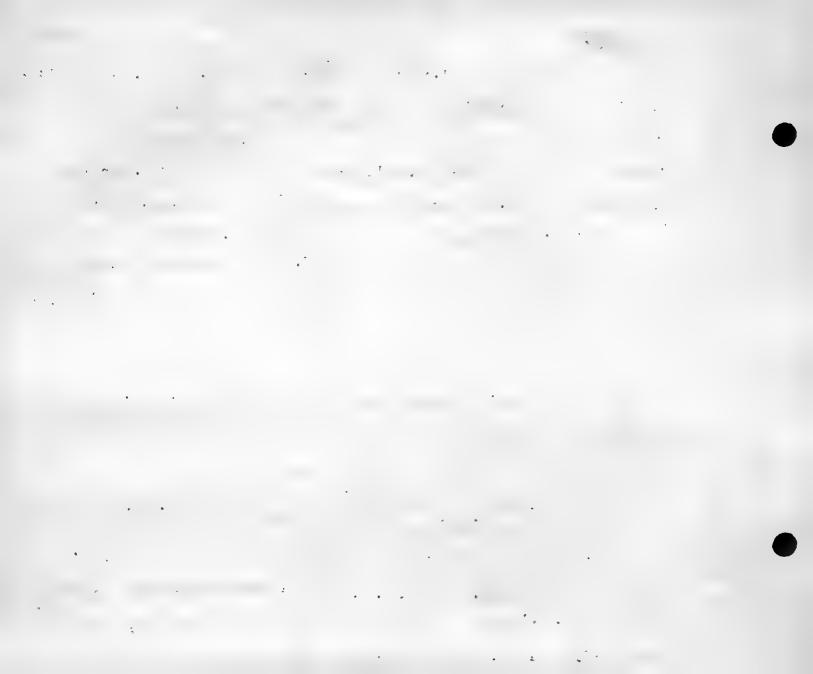


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01394 01400 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 2g. DATE OF DEATH Middle 2b. HOUR (Type or print) Month Hilton R. Costello January 6 1968 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF JNDER 1 YEAR Jost birthday) has been signed by the ottending physicion and completely filled in by the se as the burial-tronsit permit. Then please remove corbon papers. Pages in prior to burial, cremation, or removal, and in any event, within 72 hours at requires that the death certificate be executed within 24 hours of Male White 3/7/97 7a BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED IN NEVER MARRIED (ountry) Virginia prince George's U.S.A. DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working fe, even if retired) INDUSTRY Cheverly Prince George's General H. 130 USUAL RES DENCE (Where deceased lived, if institution. Residence before 13s CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Prince Geerge Cap. Height \$5 \square\$ NO \square\$ 918 49th Avenue 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Last Middle Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknawn) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Conditions if any, which gave) HYPERTENSION rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retained by the hospital or attending physician. stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Heolth prior to 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗔 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year 2.d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased fram Dec. 31 , 196/, ta Jan. 6 , 1968 , that (1) (we) last 22b, SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23d. LOCATION (City or Town)
Suitland 23c NAME OF CEMETERY OR CREMATORY (State) 23a BURIAL, CREMATION 23b. DATE (County) Maryland REMOVAL (Spricity) 1-9-1968 Washington National 4308 Suitland Road Suitland Maryland 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) DATEJAN 10 1968 30M REV 1768



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E PE	230.	BURIAL, CREMATION, 23b DA REMOVAL (Specify) Jan		EMETERY OR STEMMENTS	23d LOCATION (City or Town) Spencer Worcest	(County) (State) er Mass.
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FOR STATE	ľ	Division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 tems 1,5,6,14,15, MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01398
HEALTH DEPT.	1, 0	ECEASED-NAME First Middle Last 2a, DATE KNOWN X Manth	Day Year 2b HO.
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7 2 2 2	1		Construction
after di 8. G've alang w with the leath	13a	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	0111702 110 02 011
V	٥	dmission) STATE Md. Prince George Landover Hills YES NO 4212 71st. Ave	enue
haurs Item 1 Office I and 2 after d	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
S S S		Mark Max Davis Hallie 7 Roberts	
hin 24 nati .n niner's pages havrs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (es na, ar unknawn) ((thyes give wor or dates of service)	
an an		es no, of Unknown) (Hyes give wor or dones of service) 214 18 0997 Dorothy Lee Davis Landover Hills	*
ed w In I I Ex It Fil		18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
Id be executed ind "pending in Chief Medical E transit permit. In ny event within		PART I DEATH WAS CAUSED BY Gun shot wound of abdomen	15 hrs.
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d be d "p Chie		Canditians, if any, which gave nse ta immediate cause (a), (b).	
should be end word "per a the Chief burial-transit I in any ever		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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is certific te, writin farward farward e used a remaval,	NO.	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AJTOPSY?
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	MED CAL	PRIMARY OR CONTRIBUTING 12:55arm 1-13- 1968 Shot by assailant	
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ICAL EXAMINER: Execute the certion. Page 4 shauld of far your files. CTOR: Page 3 should burial, cremation,		WHILE NOT WHALE Lee's Bar 2903 Hamilton St Hyattsville. A	(arvland
Fag Pag ar y Rr P		220. I certify that I took charge of the remains described above, held an Autopsy (X), Inspection (X), Inquiry (X)	
ITY DICAL E. ry, please executed director. Pose retained for RAL DIRECTOR: prior to burial.		death resulted from Natural causes . Accident, Suicide . Homicide . Undetermined monner	
please I directo		CHIEF MEDICAL EXAMINER	
al a		ACTUAL SIGNATURE	IGNED
DEPUTY stessary, le funeral may be i FUNERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER IX	L-14-68
TO DEPUTY necessary, the funeral 5 may be TO FUNERAL Health pri		NAME (Type) John Kehoe, I.D. Riverdale, Md. ADDRESS(Street, cly town or county)	
5 c = 2 5 = V	23a	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cry or Town) BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cry or Town) Colman Figure Pro	(Caunty) (State) Geo Md.
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VR A15ME (5) 1	24	F. Gasch's Sons Hyattsville, Md 250 REGISTRAR 25b REGISTRAR S S	rea Judgi
10M REV. 1/68		DAIL THE ACTION	4 0



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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01407 01401 CERTIFICATE OF DEATH DECEASED-NAME First Middle last 2a DATE OF DEATH 2b. HOUR Manth 9 (Type or print) Baby Girl DeHaven 8:50AM Jan. 4. RACE 3 SEX S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. The law requires that the death certificate be executed within 24 hours after last birthday) HOURS Jan. 8, 1968 Female Caucasian 15 burial-tronsit permit. Then please remove corban papers. "An burial, cremotion, ar removol, and in ony event, within 72 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED XX country) U.S.A. WIDOWED [DIVORCED [Maryland Prince Georges
120 USUAL OCCUPATION (Kind of work done filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR give street oddress)
Prince Geo. General Hospital none most of working life, even if retired) INDUSTRY Cheverly 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER ddmission) STATE Maryland Prince YES 🚭 NO. 4615 Greenwood Road Beltsville 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Mary Geraldine Ouinn Harry DeHaven 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) none Mother) Mary G. DeHaven Same as #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART | DEATH WAS CAUSED BY
Subtentor BETWEEN ONSET AND DEATH Subtentorial Cerebral Hemorrhage, bilateral. signed by the attendir burial-tronsit permit. IMMEDIATE CAUSE TO DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or ottending physician. stating the underlying couse last. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to 1 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES XX NO [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INIURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while at wark 22c. DATE SIGNED **ATTENDING** STAFF MED. DIRECTOR DEGREE Jan. 9, 1968 22e. ADDRESS 22d. PHYSICIAN S/ NAME (Type) William C. Weintraub, M. D. Professional Bldg. Greenbelt Maryland 23d LOCATION (City or Town) 23a BUR AL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) Gallitzen B HACY & ISpecify) St. Mary's Cambria 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 1968 5 30M REV 1/68 Francis Gasch's Sons Hyattsville, Md.

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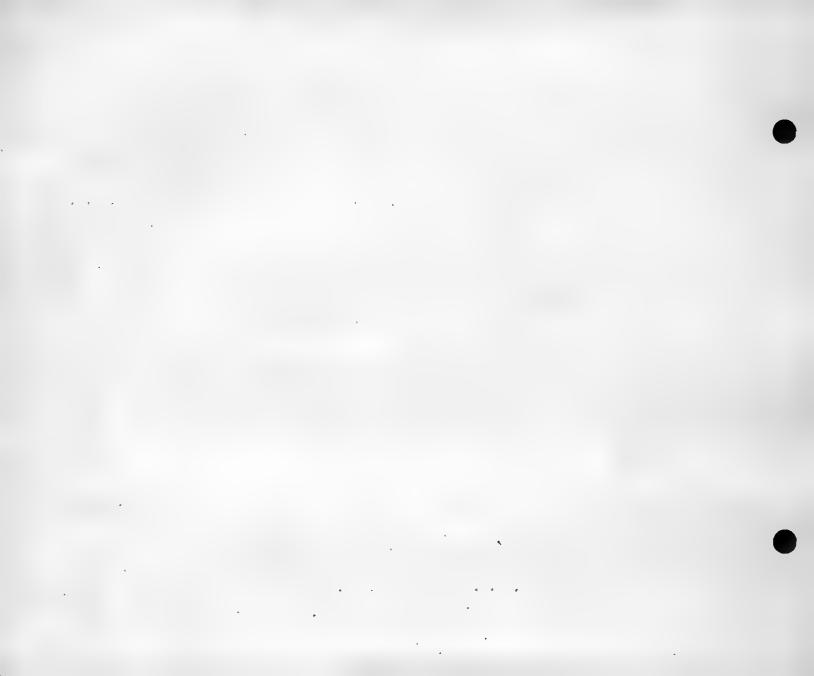
		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		O1408 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01402
HEALTH DEPT.		CEASED NAME First Middle Lost 20, DATE KNOWN TO Month	
	-{	VDE OF PRINT)	-68 19 5:50am
5m 8 / 5 /	3 SI	X 4 RACE S DATE OF BIRTH 6. AGE (In years I FUNDER I YEAR IF UNDER 24 HRS 24, DATE PRONOUNCED DEAD	2d HOUA III
2, and 3 ta PM3. Page	10	ale White 3 June 1928 39 yrs Months Only Mobers Mill Mooth Day	Year 1968 6:10M
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after death 8. Give Page along with 1 with the State eath.		Riverdale qve street oddress) Leland Mem. Hospital during most of working life, everytree id)	VEDICAL ,
after de 8. Give I alang w with the leath.	130	USUAL RESIDENCE (Where deceased lived, if institut on: Residence before 13c CITY OR TOWN 13a. INSIDE CITY LIMITS? 13e STREET AND NUMBER	ST HYATTSVILLE
Z w dec	0	mission) STATE Md. 13th COUNTY Prince George's Hyattsville YES NO 3835 Hamilton	Street MD
thours after them 18. Giv Office along 1 and 2 with after death.	14 F	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	lost
24 t		REUBEN DER STEPANIAN - AFTAN	DEGIAN .
hin 24 nal in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 4557. BS. NR. BI LINKHOWN) (Lyes give wor or dates of service)	5 Cumberland
w thin pencil xamine ile pag 72 hou	11	es, not by unknown) (1 yes give war or dates of service) 12/-26-2053 DR BABGEN MANGASARIAN and CA	hing Chane mel.
be executed w 1 "pending" in perinef Medical Exar ansit permit. Fife event within 72		IR CAHSE OF DEATH (Enter only one cause per line for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed per in inef Med cal Eansi permit. Eevent within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Heart failure	minutes
exe end Me t pe		DUE TO, OR AS A CONSEQUENCE OF	
pe pi pi pi pi pi pi pi pi		Conditions, if ony, which gove tise to immediate cause (a). (b) Arteriosclerotic heart disease	unknown
sold vard se Cf any any		stoting the underlying couse Due TO, OR AS A CONSEQUENCE OF	
sho a th suri		lost. (c)	
INER: This certificate should be executed within 24 hours after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pagishauld be farwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit. File pages land 2 with the Standian, ar remayal, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
riffic arde d as	NO.	4300	
his certil ate, writ e farwai be used remava	E	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 ALTOPSY?
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NEX NEX cer cer tles. sho	MEDICAL	CAUSE OF DEATH P M 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	Country Country
	~	WHILE MOT WHILE foctory, office building, etc.)	County Stote
		AT WORK AT WORK	
ICAL sexector Formula Company Company		22a. I certify that I took charge of the remains described above, held on Autopsy, Inspection 🔀 , Inquiry 🔀	
se s		death resulted from Natural couses , Academi , Suicide , Hamicide , Undetermined manner	
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EPUTY Stary, please e funeral directary be retained ay be retained in ERAL DIRECT		SIGNATURE	
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ro DEPUT necessary the funer 5 may be ro Funer Health p	230	NAME (Type) JOKIN Kehoe, M.D. Riverdale, M.d. ADDRESS(Street city town, or county) BUR AL, CREMATON, / 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCALON (City or Town)	(County) (State)
F 1	100	REMOVAL REPORTS / 1 & 196 & Enoul Division Parties	(Sidile)
	24	FUNERAL DIRECTOR ADDRESS 25a. RECO'BY REGISTRAR 25b REGISTRAR 2	
VR A15ME (5)		W.W. Chambers 1400 Chapin St., N.W. Wash.D.C. DATEJAN 9 1968 Julian	Mes Judge.
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9 /	,		ndrew Dodso		15.74		arah Har			1401
pug	16a.	WAS DECEASED EVER IN U.S.	ARMED FORCES? 1	16b. SOCIAL SECURITY N	NO. 17 INFO			Address		
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) c		lost.	{c}							
ouri		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	OT RELATED TO TH	E TERMINAL DISEASE ORC	ONDITION GIVEN I	N PART 1(a)		
9	2	1 11		lized U		orderes.	•			
Ē /	CERTIFICATION	19a, DATE OF OPERATION	%. CONDITION FOR WHICH	H OPERATION WAS PER	RFORMED	20a. AUTOPSY?	CALIFEC O	S, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
Health priar to	RTIE					YES 🔯 NO 🗌		Ye:		
9		21g ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF		Month Day Year	21c. HOW	INJURY OCCURRED (Enter	noture of injury	in Port 1 or Port 2,	Item 18.)	
5	MEDICAL	(If either, natify medical ex-	aminer) P.M.	19						
3	W	21d INJURY OCCURRED While Not while at work	21e PLACE OF INJURY (A	IT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY) 21f LOCAT	ION Street at R.F.D. No.	City ar	Town	County	State
State Dept		22a. I certify that (I)	(this:xlarsquitch) atten	ided the decease	ed from Do	1 , 19 5	. / . to_Ja	n. 8, , 19	9 <u>68</u> , that	(I) (WE) las
he S		saw the decease	d alive on <u>Jan</u> ave, (1) (MAG) (did) (d	8	968_, and the	at in (my) (aur) opi	nian death oc	curred on the d	ate and hour	and from th
shauld be filed with the State Dept of Health prior to		22b. SIGNATURE	ave, (i) paras) (ala) (a	Mannat) view the i	oddy drier ded	ın.		220	DATE SIGNED	
d wi		()	W. T		DEGREE	ATTENDING PHYS.	IRECTOR I	STAFF PHYS.	1-9-68	
E E		22d. PHYSICIAN'S	10001		2101111	22e ADDRESS	INTERIOR —	(A) 3.	, ,	
pe			Aaron Deitz	,/M. D.		PRINCE GEO	RGES PLA	ZA, HYAT	TSVILLE,	MARYLA
	23a		3b. DATE	23c. NAME OF	CEMETERY OR CRE	MATORY		(City or Town)		(State)
4/1		REMBYAL (Seality)	Jan 11, 196		ncoln Ce	emetery	Colmar			Md.
A15 (4)	24	FUNERAL DIRECTOR		ADDRESS		25e REC'D B		25b. REGISTRAR		
EV. 1/68		F. Gas	sch's Sons	ilyattsvi	lle, Me	1. DATE JA	N 1 5 19	68 11C/2	rules Ju	del.



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FOR STATE	Ιŧ	em 7a &7a Film G3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		CEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b HOUR OF EST.
~ 5 5 × × × × × × × × × × × × × × × × ×		Robert M Donald DEATH MATED 1-22-68 19 10:30pm
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	0	Unission) STAIF District of Columbia - Washington YES NO 1201 B Street N.W.
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r's C		JOHN W. DONALD CATHERINE H. HARRINGTON
s certificate should be executed within 24 hours e, writing the ward "pending" in pencil in Item I forworded to the Chief Medical Examiner's Office used as a burial-transit permit. File pages I and 2 emoval, and in any event within 72 hours after d		NAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (If yes give war or doles of service) 579 402348 JOHN W. DONALD 27, R3, W. Electery 37.
ed v		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: A CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN CHISTONIA OF THE PROPERTY OF THE PRO
be executed "pending" in iief Medical E insit permit. F event within		IMMEDIATE (AUSE (a) ACREE THEORY CONTROL OF ACCOUNT
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但 与 平 ° /	AL CE	216 EXTERNAL CAUSE WAS 21b. TIME OF IN. JRY Month Doy, Year PRIMARY OF CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter noture of Injury in Port 1 or Port 2, Item 18.)
cer should files.	MEDICAL	CAUSE OF DEATH P.M. 19 21d N.JRY OCCURRED 21e PLACE OF N.JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State
	-	WHILE NOT WHILE factory, office building, etc.)
AL EXA. execute or. Page of for you for: Pog		22a. 1 certify that I took charge of the remains described glave, held an Autopsy . Inspection . Inquiry . ond in my apinian
		death resulted from: Natural courses . Accident . Suicide ., Homicide ., Undetermined monner .
please I director retained		CHIEF MED CAL EXAMINER
y ple ol d ol d Nr ret		ACTUAL SIGNATURE ASSISTANT MED CAL EXAMINER 226 DATE SIGNED
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D = ± ~ D =	230	BURIAL CREMATON. 1236 DAME 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) (County) (State) REMOVAL (Specify) 126 JAW 1968 MT, OLIVET CEMETERY WASHINGTON, D.C.
	24	FUNERAL DIRECTOR ADDRESS 250 RECOUNT REGISTRAR 256 REG STRAR S SIGNATURE
VR ATSME [5] 10M REV T768	11	W. CHAMBERS (O. RIVERDALE MD. DATUAN 30 1968 Policines Judge
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	1	MAKYLAN	ID STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS,	, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
			CERTIFICATE OF DEATH	01405
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nt the a the a sit pe			disod carenastaria	3 VENVE
insignat		ise to immediate cause (a), (b)	1112.60 CUACINONIO 10212	10013
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ing he to	×	1/.		
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G PHYSICIAN: The law the haspital ar attendia this certificate has bis detached for use as the e Dept. of Health priar	2	21d INJURY OCCURRED 21e PLACE OF INJURY (AT MOME, FARM, STREET, FAC While Not while	(CORY.) 21f LOCATION Street or R.F.D. No. City or Town	County State
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affer full	Female	White	5. DATE OF BIRTH 12/3/91		MONTHS DAYS HOURS MIN
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it the the sit p	Conditions, if any, which gave)	Cerebral V	ascular Disease		
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y be y be different filler	22d. PHYSICIAN S	7/ 4	DEGREE PHYS D	IKECIOK - PHIS	
SPITA 4 ma IERAI or, P d be	NAME (Type) Pe	ter Duus, M.D.	6124 Cent	ral Ave., Capitol	Hgts.,Md.
O HOSPITAL OR ATTENDING Page 4 may be retained by the Control of Funeral Director. After director, page 3 shauld be dishauld be filed with the State	23d. BURIAL (REMAT ON 23b REMOVAL (Specify)	DATE 1/2-0/68 232 NAME OF	CEMETERY OR CREMATORY	23d LOCATION (C ty or Town)	(County) (State)
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fical fical lbe ld b			21a. EXTERNAL		216. TIME C	F INJURY MO	onth, Day, Ye	or 2	Ic. HOW INJURY	OCCURRED (E	nter natur	re of injury	in Port 1 or	Part 2, Ite	m 18)		
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- =	1)		REMOVAL (Spec		an 4, 19				Cemete				Mano				
	2	24.	FUNERAL DIRECT	OR			ADDR	RESS		2Sa. REC				STRAR S S	GNATUR	RE	
VR A15ME (5) 10M REV 1768	Y			F. Gase	ch's Son	s lly	attsvi	ille,	Md.	DAMAI	8	1968	3 40	liant	Bo J	noigh	P _{sc}



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0,414 CERTIFICATE OF DEATH 01408 The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) Prince Georges COUNTY MARYLAND b. CITY OR TOWN (If autside carparate imits, c TENGTH OF STAY IN 16 c CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Glenn Dale (rural) lyr.,5 mos. Washington .⊆ papers d. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE and in any event, within 72 ON A FARM? Glenn Dale Hospital 1122 Holbrook St., N. E. YES NO 5t 3 NAME OF remave carbon Middle 4. DATE Year completely DECEASED (Type or print) Clamence -e Edwards 19 68 DEATH IF JNDER 24 HRS. 5. SEX 8 DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 9 AGE (In years NEVER MARRIED last birthday) Days Hours 10/23/1908 N WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT physician c lease during most of working afe, even if retired) INDUSTRY unknown COUNTRY? Florida unknown USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal. attending phys Robert Edwards Josephine ?? 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) 265-16-5385 Decedent 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burnal-transit p Recurrent cerebrovascular accident (probably PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) thrombosis) Page 4 may be retained by the haspital ar attending physician. DUF TO unknown Cerebral arteriosclerosis Conditions, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying couse Generalized arteriosclerosis unknown certificate has been be detached for use as the State Dept. of Health prior to 19 WAS AUTOPSY PERFORMED? PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. NO 20g ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJRY (Hame, form (City or fown) (State) FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Day, Year (Caunty) Haur a.m. factory, street, office bldg., etc.) Not While at work at wark 19 66 ta 19 68, that (14) (we) las 21. I certify that (* (this haspital) attended the deceased fram. director, page 3 should should be filed with the 19 68, and that death accurred at : 30A M, from causes and an the date stated above saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING 1/2/1968 DIRECTOR X Glenn Dale Hospital 22c PHYSICIAN'S Moe Weiss, M. D. 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVA. (Specify) Burial 2 1-6-68 Harmony Memorial Park Prince George, Maryland FUNERAL DIRECTOR 2So. RECD BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 (4) Trues. DATE

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		9.415 P		301 W. PRESTON STREET, BALTII		# # C) C)
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and and in a		Charles E. E			.Dickerson	
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ar of the ho	EE	21a ACCIDENT WAS UNDERLYING	LOSS THE OF BUILDIN	YES NO		103
MAN.	3	OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M Month Day Year	ZIC. HOW INJUST OCCURRED (EDIGIT	nature of injury in Part 1 or Part 2, Item	л 16.ј
SSpit Sertification of the control o	MED	(If either, notify medical examiner)	P.M. 19 ICE OF INJURY / AT HOME, FARM, STREET, FAC	(TORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by I should be detached far use as the burial-transit permit. Then please remave carban papers. Passith the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 hours		White Not while of work	OFFICE BUILDING ETC.	1 11 COCKION SHOP OF KILDS NO.	city of form	. State
NG V th rer t e de			nospital) ottended the deceose	ed from 1 29 196	7, to 1/28 , 196	L, that (I) (we) la
NDI Sid b Sid b Sid b		saw the deceased alive	00	gand that in (my) (our) onin	ion deoth occurred on the date	and haur and fram th
A Post	L	22b. SIGNATURE) (we) (did) (did nat) view the	body offer deofn.	22c DA1	TE SIGNED
OR ATTEND be retained DIRECTOR: A re 3 shauld ed with the	1	22D. SIGNATURE BENE	y Xunyery	DEGREE PHYS DIE	D. STAFF DECTOR PHYS.	E SIGNED
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O S O S A	B	PEMOVA (Precify) 2-1	-68 Ced	ar Hill Cem.	Suitland, Md.	•
VR A15 (4)	24.	FUNERAL DIRECTOR	ame 300-4th St	N.E. 2So. REC'D BY	REGISTRAR 2Sb. REGISTRAR S SIG	
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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01410
HEAVEN DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Year 25 HOUR (Type or Print)
S 5 9 5	Richard Evans DEATH MATED 1 1968 P M
delay and 3 3. Pa	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years if under 24 MRS 2c DATE PRONOUNCED DEAD 2d HOUR less birthday) Honths DATS HOURS MAIN Month Day Year
	M Necto 8 April, 1917 50 vrs 17 19 1968 1:10
fage P	70. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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I haurs after Item 18 Giv Office along I and 2 with ofter death.	14. FATHER'S NAME TISS MIDDLE LOST IS MOTHER'S MAIDEN, NAME TISS MIDDLE LOST
hin 24 ncil in niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 JINFORMANT OF WILL ADDRESS WASHING.
within 24 pencil in xaminer's ile pages 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no., or unknown) (It yes give war or dates of service) 16b SOCIAL SECURITY NO BOTTLE PARTY (Wife of ADDRESS WALK PE. BOTTLE OF ME
Example File	Lugara, Jiah Krouga
executed inding in Medical I permit.	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY
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his cate, yee far be us	WAS PERFORMED? YES \(\square\) NO \(\square\)
	2 to EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 2 to TIME OF INRY Month, Day, Year HOUR A.M. 2 to HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 2 to EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Port 1 or Port 2, Item 18.) 2 to EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PORT 1 or Port 2, Item 18.) 2 to EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PORT 1 or Port 2, Item 18.) 2 to EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING PORT 1 or Port 2, Item 18.)
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ICAL EXECUTOR. Page of for y CTOR. Publication.	22a. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 📆, and in my opinion
ctor. pt. pt.	death resulted fram. Natural causes 🔲 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌
please e I director retained DIRECT	ACTUAL CHIEF MED CAL EXAMINER C
JIY, please eral direct be retaine in priar to I	SIGNATURE M.D. ASS SYAM MED CAL EXAMINER
necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S NAME (Type) John Kehoe, M.D., Riverdale ADDRESS(Street, city, town, or county)
0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	230 RURIAN CREMATION 23b DATE 23c NAME OF CEMETERY OF THE PROPERTY 23d-LOCATION (C ty or Town) (County) (Stole)
p= p=	REMOVAL (Specify) 1-27-1968 Stormony Mem, Vince Geo. Co. Mr.
<	24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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MAKTLAND STATE DEPAKIMENT OF HEALTH



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- T	SV	TH	CERTIFICATE OF DEATH 01411
4	uneral		DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Sterling Frederick Sterling Evans Wagth Day Year 935 P.
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	and ca	,	Fred Evans 15. MOTHER'S MAIDEN NAME First Middle Lost Lost Josephine Kennedy
	ificate nysician n pleasi al, and		60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war ar dates at service) 16b. SOCIAL SECURITY NO. 211 10 4159 Viola Lyans Landover, Md.
,	w requires that the death certificate be executed within ding physician. Seen signed by the attending physician and campletely fill the build-transit permit. Then please remaye carban parta build, crematian, ar removal, and in any event, within		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Output To, OR AS A CONSEQUENCE OF Output To, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Output To, OR AS A CONSEQUENCE OF Outpu
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	by the h After this be detact State Dep		Countre Butting CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. IN.JRY OCCURRED Not while Not while Not while Not while at work Not while Saw the deceased drive on 19 27 27 28 29 29 29 20 20 20 20 20
	O HOSPITAL OR ATTENION Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	0	22b SIGNATURE L. W. Malin, M. D. Attending Med Director STAFF 22b ATE SIGNED / 1963 22d. Physician's NAME (Type) L. W. Malin, M. D. 22b SIGNATURE Attending Med Director Phys. C. STAFF Phys. C. STAFF SIGNED / 1963 22c Address Lipot Queensbury Road, Riverdale, Md.
	TO HOSPITAL Page 4 may TO FUNERAL director, pag	4	30 BURIAL CREMATON, REMOVAL (Specify) Jan 15, 1968 Ft Lincoln Cemetery Colman Manor Pro Geo Md.
	VR A15 (4 30M REV 1	4] /68	F. Gasch's Sons Hyattsville, Md. ADDRESS P. JAN 15 1968 P. JAN 15 1968 F. JAN 15 1968 F. JAN 15 1968





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2a. DATE OF DEATH 25 HOUR (Type or print) Jane 968 Myrtle Fitzsimmons 28 :50P M Jan. signed by the attending physicion ond completely filled in by the fur burial-transit permit. Then please remove carbon papers. Pages T burial, cremation, or removal, and in ony event, within 72 hours after 3 SEX 4. RACE S DATE OF BIRTH IE UNDER 24 NRS IF UNDER I YEAR AGE (In years White last b ithday) HOURS Female Feb. 16, 1883 84 filled in by t requires that the death certificate be executed within 24 hours 70 BIRTHPL LE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Penna. U. S. A. Prince Georges WIDOWED [7] DIVORCED [77] 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince Geo. Gen'l Hospital during most of working to even if retired)
Housewife INDUSTRY Cheverly Own Homo 13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER dary land Capital Hgts. YES NO T 6216 Highmont Lane Georges 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First M₄ddle Last M ddle Theodore --Carl Ellen Boyer 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Same as Address Yes, na. or unknown) William Henry Fitzsimmons-APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BY
Acute myoc BETWEEN ONSET AND DEATH Acute myocardial Infarction; posterior and in-IMMEDIATE CAUSE (a) terseptum. DUE TO, OR AS A CONSEQUENCE OF Severe coronary arteriosclerosis, Conditions, if ony, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause Generalized arteriosclerosis. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been advector, page 3 should be detached for use as the should be filed with the State Dept, of Health prior to I 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES K.K. NO 🖂 Yes 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work O FUNERAL DIRECTOR: After 220. I certify that (1) stackbooks of ottended the deceased from 1 - 28 - 1968, to Jan. 28, 1968, that (1) (was last saw the deceased alive an Jan 28 19 68, and that couses stated above, (I) (see) (did) (state of view the body ofter death. 19.68, and that in (my) form apinion death accurred on the date and hour and from the 225. SIGNATURE 22c. DATE SIGNED MED DIRECTOR 1-29-65 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS 2084 BO ND DLIVER . B. NAME (Type) 6872 Riverdale Road, Lanham, Maryland 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) Burial Codar Hill Cemetery Suitland P.G. Md. 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VR A15 (4)" Ritchie Bros. Upper Marlboro. Md. 30M REV 1/68

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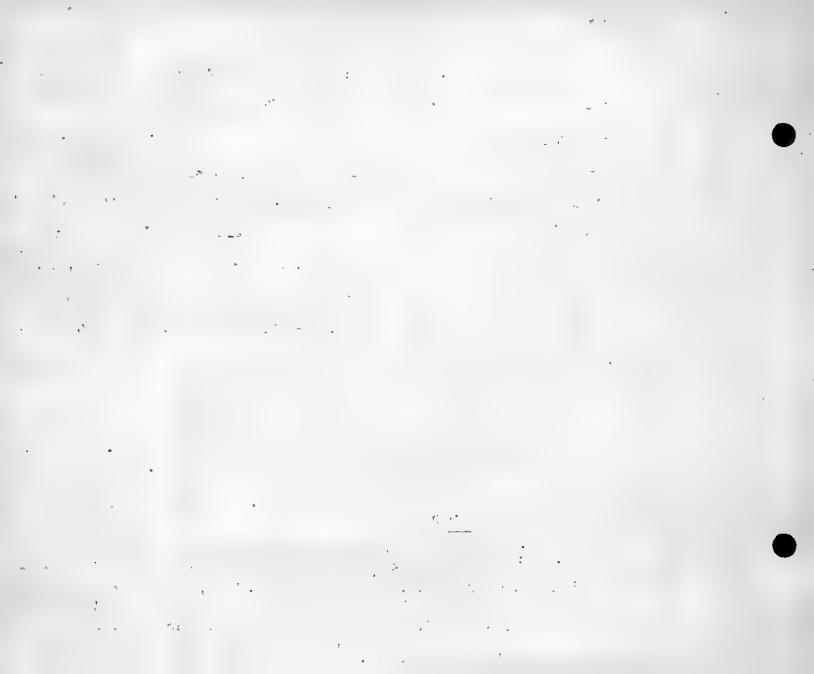
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18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	ZOZATH
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nse to immediate cause (a), Storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE VERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	./
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190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFY	ME
19a. Date of operation 19b. condition for which operation was performed 20a. Autopsy? 20b if yes, were findings considered in certify Yes No Causes of Death? 21a. Accident was underlying 21b. Time of Injury 21c. How Injury occurred (Enter nature of Injury in Part 1 or Part 2, Item 18)	
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)	
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22a. I certify that (I) (this haspital) attended the deceased from	we last
22a. I certify that (1) (this haspital) attended the deceased from 19 23 and that in (my) (aur) apinian death occurred at the date and hour and causes stated above (1) (we) (did) (did not) very the bady after death. 22b. STRINGUER DEGREE ATTENDING MED. STAFF PHYS. 22c. PATE SIGNED PHYS. 23c. PATE SIGNED PHYS. 23	
ATTENDING MED. STAFF 22c. PATE SIGNED	601
DEGREE ATTENDING MED. STAFF DIRECTOR DI	18
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	Md.
24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR S SIGNATURE	
30M REV. 1/68 Stewart Funeral Home-4001 Benning Rd. DAW. EJAN 26 1968 Kiloslas Jun	ge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01422 CERTIFICATE OF DEATH 01416Middle Lost 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR purial-transir permit then please remave carban papers. Pages 1 and 2 burial, crematian, ar remaval, and in any event, within 72 hours after death Jan. Month 7. Doy 68 7 P. M (Type or print) William Ford 4 RACE S. DATE OF BIRTH IF LINDER 1 YEAR IE TINDER DA HRS 3 SEX 6. AGE (In years Negroid Feb. 16, 1885 last bythday) MONTHS HOURS Male 9 COUNTY OF DEATH 70 BIRTHPLACE (Stota or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED XX NEVER MARRIED requires that the death certificate be executed within 24-thou Prince Georges WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done remave carban pa 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR Princeresceo. Gen' 1 Hospital during most of working life, even if retired) INDUSTRY Cheverly 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE Mary Land Prince Georges Seat Pleasant 519 62nd Place 14 FATHER'S NAME First Last IS MOTHER'S MAIDEN NAME First 16b SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. or unknown) [f yes give war or dates of service] 218-20-01741. samo APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEA PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (U/Cnumble WILL DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YESTY NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year P.M 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of wark 22a. I certify that (b) (this haspital) attended the deceased fram Dec. 24, 1967, to Jan. 7, 1968, that (b) (we) lost saw the deceased alive an Jan. 7, 1968, and that in (new) (our) of non-death occurred on the date and hour and from the causes stated above (we) (d) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Prince Georges General Hospital Fraderick H. Wilhelm, M. D. NAME OF CEMEDERY OR CREMATORY 23dy LOCATION (City or Lown 230 BURIAL, CREMATION REMOVAL (Specify) Ocharles 30M REV 1,68 JAN 10

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	Item 23b Film G		ERTIFICATE OF DEATH		1418
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	3.SEX male	4 RACE white	5 DATE OF BIRTH 4-30-01	6. AGE (In years last buthday) YRS.	F JNDER 1 YEAR IF LINDER 24 HRS MONTHS DAYS HOURS MIN
7	70 BIRTHPLACE (State or foreign country) Wis.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED 29 NEVER MARRIED 11 WIDOWED 12 DIVORCED 12	9. COUNTY OF DEATH Prince Georges	County Md
	10. CITY OR TOWN OF DEATH Riverdale	11. NAME OF HOSPITAL OR INST give street address), Leland Memo:	rial Hosp. Ret	A. OCCUPATION (Kind of work done nost of working life, even if retired) ired Navy Dept.	12b. KIND OF BUSINESS OR INDUSTRY U. Crvisor
Ih	13a USUAL RESIDENCE (Where decease admission) STATE Md.	13h COUNTY	13c CITY OR TOWN 13d INSIDE CITY CollegePark YES N	©□ 5009 Quebec	Street
1	14. FATHER'S NAME First John	Middle last Fredi	15. MOTHER'S MAIDEN NAME	first Middle Augusta A	Paulson
	16a. WAS DECEASED EVER IN U.S. ARM Yes, na. ar unknown) (If yes give wi	ED FORCES? 166 SOCIAL SECURITY NO	17 INFORMANT	Address	
	1B. CAUSE OF DEATH (Enter onl PART 1. DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave)	y ane cause per line for (a), (b), and (c), 1 BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) CORUM	ICULAR FIBR		APPROX MATE INTERVA. BETWEEN ONSET AND DEATH
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	22a I certify that (I) (thi saw the deceased of causes stated abave	is haspital) attended the deceased live an	ady after death.		
	22b. SIGNATURE	Horman	DEGREE PHYS	MED. ** / STAFF DIRECTOR PHYS. D	DATE SIGNED 28
7) -	22d. PHYSICIAN'S NAME (Type)) HOLMANH		RIVERDALE	MD
1/3	Cremation / The	1, 1968 Ft Line	oln Crematory		(County) (State) ro Geo Md.
(4)	24. FUNERAL DIRECTOR F. Ga	sch's Sons Hyatt	sville, Md.	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE



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This cricote, be for labe un rem	CERTIFICAT			WAS PERFORMED?			1	YES 🔀 NO 🗌
# 2 2 / 1		210. EXTERNAL CAUSE WAS	21b. Time OF INJU	URY Month, Doy, Yeor	21c. HOW INJURY OCCUR	RED (Enter noture of injury in Port	or Port 2, Item (8)	
L EXAMINER: The certifice Page 4 should be for your fles. RR: Page 3 should be loil, cremation, or	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	1:45pmm	1-17-19 68				
win the the triff mat	ME		PLACE OF INJURY (At hostory, office building, e		21f LOCATION Street or R	F.D. No City or Town	County	Stote
		AT WORK AT WORK	edroom of	home	same as #	13		
e execution. Page ed for selection buriol, buriol,		22a certify that	taak charge of the	remains described aba	ve, held an Autopsy	Inspection [33],	Inquiry X, and	in my apiniai
bical Richard Poleose executions of the poleose execution of the poleos		death resulted from:		, Agaident X,			ed manner	
or of or or		Λ	11/1/		CHIEF M	ED CAL EXAMINER		
		ACTUAL SIGNATURE	Mrs /	M	M.D. ASSISTAL	NT MEDICAL EXAMINER	22b DATE SIGNED	
DEPUT cessory e funer moy be FUNER,		EXAMINER'S			DEPUTY	MEDICAL EXAMINER	1-19-	68
		NAME (Type) John Ke	hoe M.D.	Riverdale	1710.0	S(Street, city, town, or county)		
5 g f v 5 f	230	BURAL CREMAT (N. 23b) REMOVAL (Specify)		23c NAME OF CEMETER	Y OR CREMATORY	23d LOCATION (City or	Town) (County)	(Stote)
3			L-22-68	Patuxant		Hunting		
Col	24	FUNERAL DIRECTOR		ADDRESS			REGISTRAR'S SIGNATURE	
VR A15ME (5)	-	Enterey E.	Trevell'	Tourse The	d. Md DA	E LAN 9 9 1949		and the



1	. MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1420
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	K-100
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN X Month Day	Year 2b HOJR
v der	(Type or Pum!) Gladys S. Funkhouser OF ESTI- DEATH MATED 1 5	1968 10:4
242 7	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In yours IF LADER I YEAR IF UNDER 24 HRS 2c DATE PROMOUNCED DEAD	2d HOUR
曹 世 記 間 ・	ust birthday) MONINS DATS HOURS MIN Month Day	V
3 3 3 3	female white 5-13-07 60 YRS	1968 10:46
e g	70 BIRTHPLACE (Stole or foreign 76 CT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	pm
es J., farm	(COUNTRY) Virginia U.S.A. WIDOWED (DIVORCED Prince George's	Md
death with the Star	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USBA, OCCUPATION (Kind of work done 12b.)	KIND OF BUSINESS OR
de P wi	Camp Springs Andrew's Air Force Base Hosp. Housewife even dreated) INDU	21K4
after death 8. Give Pages alang with fai with the State	130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
alan alan death	PARY SHd 130 Prince George's Camp Springs YE X NO 5120 Clocton Ave	enue
nation 24 hours after death and in Item 18. Give Pages 1, 2 namer's Office along with form pages 1 and 2 with the State Deput hours after death	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
मूझक वृक्ष .	Clyde Howard Sanger Dora Henton	
hin 24 ncil in niner's pages hours	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
d within 24 in pencil in Examiner's Erte pages in 72 hours	(No. 10 to 1	on)
r with per Exam Exam File		
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in ief Medical E nsit permit. Fevent within	PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Heart Failure	ten days
Page 4	DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe inef	(Conditions, if any, which gave) (b) Arteriosclerotic Heart Disease	unknown
nauld be executed word "pending" in the Chief Medical E. rial-transit permit. F. any event within	storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
2 > = '= _	lost.	
s certificate shauld e, writing the word forwarded ta the Cl vsed as a burial-tr emaval, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
ficat ing rded as c l, ar		
rtiff rritii val	196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	₩AS PERFORMED?	YES NO X
L pe et li	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature at injury in Part 1 or Part 2 Item 18	
INER: The certification is should be files. 3 should be asked to a should be a		1
INER: e certifi shauld files. 3 should	\(\) CAUSE OF DEATH P.M 19	
	21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street, 21f cOCATION Street or R.F.D. No City or Town Color while Not while of foctory, office building, etc.)	unty State
XA te te de yau	AT WORK AT WORK	
DEPUTY SICAL EXAMINER: seessary, please execute the cert is funeral director. Page 4 shauld may be retained far yaur files. FUNERAL DIRECTOR: Page 3 should priar to burial, cremation,	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X,	ond in my opinion
CAL E executor. Page for CTOR: burial,	death resulted from: Natural causes [X], Acciden], Suicide [], Homicide [] Undetermined monner []	, ,
ase dase Inch	CHIEF MEDICAL EXAMINER	
TY. Ty, please raid directions RAL DIRE	ACTUAL ACTIVATE ACTIV	FD
RAI Pri	SIGNATURE MINISTER EVALUATION OF THE PROPERTY METHOD IN COLUMN CONTROL OF THE PROPERTY METHOD IN COLUMN COL	
DEPL ecessa ne fun may FUNE ealth	1 EXAMINERS	0
5 = + 2 E =	23d BURIAL, CREMATION 23b DATE 23c NAME OF CREMETERY OR CREMATORY 23d LOCATION (City or Town) (Cour	77
	removal See 1/7/68 Mt. Olivet Cemetery McGaheysville,	
	24. FUNERAL DIRECTOR The S.H. Hines Compressly 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNA	
VR A15ME (5) 10M REV 1/68	2901 14th St. N.W. washington, L.C. DAM 12 1968 Clearles	udge
	P 8	



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C DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01422 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEATTH DEPT. 1. DECEASED-NAME 20 DATE KNOWN Month Doy (Type or Print) William Wallace Gibb DEATH MATED 1 IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD 2d HOUR 1968 3-15-02 male white 7o. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED X DIVORCED | Prince George's 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol. 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Prince George's General Retired North Marking Ite even if retired North Marking Markin Cheverly Retired Marble Mason 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN lond 2 with 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Bowie YES NO X Box 291 Hillmeade Rd. 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First William B Gibbs Ida Elizabeth Canter 16g, WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT AODRESS (Yes, no, or unknown) 578 18 4209 Mary J Gibb Bowie, Md. APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) HTABO DASET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Heart Pailure nutes nutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove it Arteriosclerotic Heart Disease unknown rise to immediate couse (a), in ony certificate should wr ting the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) or removal, 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🔲 NO X 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy , inspection X. Inquiry X. and in my apinian Nortural causes X Suicide | Homicide | Undetermined manner | death resulted fram: Aundent CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-13-68 DEPUTY MEDICAL EXAMINER TO FUN Health NAME (Type) John Kohoe M.D., Rivordale, Md. ADDRESS(Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b. DATE 23d LOCATION (City or Town) (Stote) Jan 16, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0,427 01423CERTIFICATE OF DEATH Middle . DECEASED-NAME First Last 20. DATE OF DEATH Month (Type or print) Marie Gibbons IF UNDER TYEAR S DATE OF BIRTH IF UNDER 24 HRS. 3. SEX 4 RACE AGE (In years 24 hours after DAYS last birthday) White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Prince Georges WIDOWED . DIVORCED [Wash, DC 12a. USUAL OCCUPATION (Kind of work done ar remayal, and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within during mast af working life, even if retired.) give street oddress) Leland Mem. Hospital INDUSTRY the attending physican and campletely t sit permit. Then please remove carban Riverdale 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before. 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY Oxenhill Livingst 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Fiduaro Tuseph Deceased 16b SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Worked Prior To This Yes, na. or unknown) (If yas give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH eart Failure signed by the attendi hour IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF week Conditions, if any, which gave) remi2 rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cousei last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health priar to b O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 19g DATE OF OPERATION CAUSES OF DEATH? YES | NO [2] 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 218. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County While Not while of work 22a | certify that (I) (this hospital) attended the deceased fram. The control opinion deceased alive on the dote and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING director, page 3 shauld be filed v PHYS 228. ADDRESS 4300 St. Barnabas Gibson, Marlow Heights 23c. NAME OF CEMETERY OR CREMATORY 23h, DATE 23d. LOCATION (City or Town) (State) 23a BJRIAL CREMATION (County) REMOVAL (Specify)
Burial Cedar Hill Cemetery Suitland, Maryland 1968 25b. REGISTRAR'S SIGNATURE WHERAL DIRECTOR REC D BY REGISTRAR Wash .. immons Bros. 1661-Gd. Hope Rd. Se. 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01424 0,430 CERTIFICATE OF DEATH DECEASED NAME Last First Middle 20 DATE OF DEATH 2b. HOUR p (Type or print) 1968 Gilbert B. Jan. 11:45 James S. DATE OF BIRTH 28 A RACE 3. SEX 6. AGE (In years IF UNDER 1 YEAR 1908 last birthday) burial, cremation, ar removal, and in any event, within 72 hours aft 2000000000 59 March Caucasian YRS Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED country) Maryland popere USA DIVORCED XX Prince Georges WIDOWED [24 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR within Trince Geo. Gen'l Hospital during Metively life even if retired) Police remove carbon Cheverly ond completely 13o USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 334 INSERE CITY HIMPEST 13e STREET AND NUMBER requires that the death certificate be executed adm ssion) STATE Prince Georges YES 🔀 Capital Hgts 433 60th Avenue 14. FATHER S NAME Lost IS. MOTHER'S MAIDEN NAME First First Middle Charman J. Gilbert Estelle Belt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Laurel. Md. Yes no, or unknown) Chapman Gilbert, Son, 21 Hillcrest Dr. IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Conjust permit. DUE TO, OR AS A CONSEQUENCE OF (b) artemelinates Car signed By the burial-tronsit p Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause Page 4 may be retained by the haspital or ottending physicion. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) has blen be detached for use as the State Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO XX O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. P.M. (AT HOME FARM, STREET, FACTORY.) 214 LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (I) (this baspital) attended the deceased from 22 deceased. 1967. to Jan. 15., 1968, that (I) (1974) last saw the deceased alive an Jan. 15. 1968, and that in (my) (1974) opinion death occurred on the dote and hour and from the saw the deceased alive an 15 1968, and that causes stated above, (I) (see (did) (addition) view the bady after death. director, page 3 should should be filed with the 22b. SIGNATURE-22c DATE SIGNED **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22a. ADDRESS NAME (Type) Deitz, M. D. Prince Georges Plaza, Hyattsville, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b, DATE (County) (State) 23a. BURIAL, CREMATION REMOVAL (Soncify) Cedar Hill Cemetery Prince Georges, Maryland 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert E. Wilhelm Fufferal Home VR A15 (4) Ocharles 30M REV. 1/68 308 Suitland Road, Suitland, Maryland



- 1		YLAND STATE DEPARTMENT OF H		
1	01431 DIVISION OF VITAL REC	ORDS, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	
Toll		CERTIFICATE OF DEATH		01425
[學/]] [DECEASED NAME First Middl (Type or print)		20. DATE OF DEATH	Year 2b. HOURDIN
ンL	Jessie May	Good		1968 5:25 M
3.	SEX 4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS. MOINTHS DAYS HOURS MIN
	Female White	5-29-1871	96 " yrs.	
70	D BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	MAKKIED MEASK WAKKIED [7-]	9. COUNTY OF DEATH	
	Washington, D. C. U.S.A.	WIDOWED DIVORCED	Prince Georges	Md.
U	Hyattsville Hyattsvil	le Nursing Home	L OCCUPATION (Kind of work done ast af warking life, even if retired)	126. KIND OF BUSINESS OR INDUSTRY
= 13 ac	o USJAL RESIDENCE (Where deceased lived, if institut on, Residence dimission) STATE Md. 1357 COUNTY COME TO	before 13c CITY OR TOWN 13a INSIDE CITY LI	MISS 13e STREET AND NUMBER 5320 Willar	d Ave.
. 14	I. FATHER'S NAME First Middle	Lost IS MOTHER'S MAIDEN NAME FO	irst M.ddle	Last
П	Thomas G. Good	Ada Hodgki	n	
14	So WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 579-6	CURITY NO. 17 INFORMANT OUT OUT Hazel V. Reyr	isin Same as	Item 13.
F	18. CAUSE OF DEATH (Enter only one cause per line for (gh. (b),		7)	APPROXIMATE INTERVAL BETWEEN OBSET AND DEATH
L	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	marker Tail	ers a	DETWEEN OBSET AND DEATH
1	440 DUE TO, OR AS A CONSEQUE	NCF OF		
	Conditions, if ony, which gave			
	nse to immediate cause (a) (Stating the underlying cause DUE TO, OR AS A CONSEQUE	NCF OF	1010/	130 Lka
	last (c)	aneriorce	1021	1 JOT WS
н	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	, , , ,	, , , , , ,	/ 17
1	010 1184	tled pylmona		4/05/5
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION		20b IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
	A ACCIDENT MAS IMPERIANCE LAW TONE OF MANIETY	YES NO NO		
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Months Day	Year Year	nature of injury in Part 1 or Part 2, Its	am 18.)
aren a	(If either, notify medical examiner) P.M.	19 STORE FACTORY & OLE LOCATION CALLED NO.	Chi as Y	County State
1	While Not white at work at work	STREET, FACTORY.) 21f LOCATION Street or R.F.D. No.	City or Tawn	County State
1	220 cartify that (1) (this hamily) attended the	larged from 5 / 15 10 C	27 to //3/ 10 b	that (I) (we) last
П	220. I certify that (I) (this hospital) attended the c saw the deceased alive an		nion death occurred on the dat	e ond hour ond from the
Т	causes stated abave, (1) (we) (did) (did nat) vie	w the bady after death.		
ı	22b. SIGNATURE	ATTENDING M	ED - STAFF -	ATE SIGNED
Т	1004 PHYSICIANIS		RECTOR PHYS.	7// 00
	22d. PHYSICIAN'S E. H. Ascher	that 22e. ADDRESS L'	Col. Rd.	N.M.
2:	30 BURIAL, CREMATION, 23b. DATE 23c No.	AME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
L		Lincoln Cem.	Prince George	
	4. funeral director ROBERT A. PUMPHREY. Bethe		y registrar 1968sb. Registrars	IGNATURE
58° ° ``	MUDERI A. FUMFRELL DELIE	Bua . Haly Laitu Ditt		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01426 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR haurs after death] and (Type or print) Hannah Goodenough 3. SEX A PACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR F JNDER 24 HRS. last birthdoy) DAYS ZATADM HOURS YRS 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) ease remave carban papers USA WIDOWED IZ DIVORCED | burial, cremation, ar remaval, and in any event, within 72 Prince Georges 10 CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 1). NAME OF HOSPITAL OR INSTITUTION (if not in hospital campletely fille 12b KIND OF BUSINESS OR within give street oddress) INDUSTRY during most of work no life, even if retired) Riverdale Memorial Hosp. 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed odmission) STATE 136. COUNTY YES - NO Collane Welleslay and 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Lost Maria Garton Samuel Korndaffer physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) I (If yes give war or dates of service) attending phys. from orevious admission APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) signed by the burial-transit p Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6/1 Page 4 may be retained by the haspital ar attending directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES 🔲 FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far us 2 o ACCIDENT WAS UNDERLYING 23b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) PM (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY Stote City or Town County While Not while of work causes stated abave, (1) (we) (did) (did not) view the bady ofter death... 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) lillian Purdie Queenshur Rd 23c. NAME OF CEMETERY OR CREMITORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Suitland Pro Geo Md. Cedar Hill Cemetery 1968 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Hyattsville, Md. F. Gasch's Sons 30M REV. 1/68

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]	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
	1 1		0,433			IFICATE OF DEATH		044222
	= - REVI	1. D	CEASED-NAME First		Middle	Lost	2q. DATE OF DEATH	Day Year 2b. HOUR
	24 hours after death, ed in by the furnity appers. Page and 272 hours after death.	1	ype or print) THOMA	S A.G.	GRABIL		Month	Day 1901 7.357
	after after	3. 5		4 RACE		S. DATE OF BIRTH	6. AGE (n years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	Pages urs aft		MALE	CAUCA	SIAN	3EPT 15.	1911 last hirthday)	YRS. MUNITAS DATS MODES MIN
	in by ers. Pc 2 hour		IRTHPLACE (Stote of foreign	76. CITIZEN OF WHAT CO		RRIED X NEVER MARRIED	9. COUNTY OF DEATH	
	d in d in 72 h	(00	VIRGINIA	US	WID	OWED DIVORCED		ORGES M
	ecuted within 24 campletely filled ave carban pape y event, withim 7	10.	ITY OR TOWN OF DEATH	11 NAME O	F HOSPITAL OR INSTITUTI	ON (If not in hospital 120 USL	IAL OCCUPATION (Kind of work of	one 125 KIND OF BUSINESS OR INDUSTRY
	executed within nd campletely fill emave carban p any event, withi	C	HEVERLY	Give Sireet	CEDEORGES	GEN HOSPITAL during IN	nast of warking life, even if retir	ed) INDUSIKI
	ed plet	.3a.	LSUAL RESIDENCE (Where decease	led lived, it mishiphon. K	endance nerole Trac.	THE DK TOWN	LIMITS? 13e. STREET AND NUMBE	R
	cam	dolli	SSIGN) STATE MARYLAND	13b COUNTY PRINCE	FORGE'S M	BAINIER YESDA	0 4002 31M	STREET
	o pu	14	ATHER'S NAME First	Middle	1.ast	15. MOTHER'S MAIDEN NAME	First Midd	fe Lost
	ate be executed with kian and campletely fease remove carban and in any event, with	L	WILLIAM	GRAI		ANGIE	LCNG-	
	S Q	160	WAS DECEASED EVER IN U.S. ARMes, ng. or unknown) (If yes give w	WED FORCES? 16b	social security no. 78072815	MRS MARGARET	EVERETT 38%	& NIAGARA RD
	that the death certifican. by the attending phy recrasit permit. Then crematian, arremaval		18. CAUSE OF DEATH (Enter on	ly one couse per line for	(o), (b), and (c))	milles et	2000.	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	quires that the death copysicion. signed by the attending burial-transit permit. The burial, cremation, arrem		PART I DEATH WAS CAUSE	D BY ATE CAUSE (o)		rypranae	as softene	Gen Guddin
	affe affe an,	L	11/109	DUE TO, OR AS A C	ONSEQUENCE OF	to	alar A.	1. 1615
	t the		Canditions, if any, which gave rise to immediate cause (o), (El	were B	celebuly	Walls !
	tha an. by ran ran		stating the underlying cause	DUE TO, OR AS A (ONSEQUENCE OF	MANA TA	touis ralia	as i undellama
	equires the physician signed by burial-trail burial, cre	П	lost.	(c)	200	more cer	wassewi	o o co
	equires physic signed buriat buriat	1		NDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	w re ding een the ir to	S	4301	CONDITION COR MANAGE		ED ANTAGENO	Leal or are tarrer fallen	AND CONTRACTOR IN CENTURAL SOLIC
	The atternation has be a high pr	CERTIFICATION		CONDITION FOR WHICH O	PERATION WAS PERFORN	YES NO	CAUSES OF DEATH?	NGS CONSIDERED IN CERTIFYING
	AN: or or icate far u Heal		210. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF INJU TH HOUR A.M Mc	RY nth Day Year	21c. HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Pa	rt 2, Item 18.)
	pite pite at a series	MEDICAL	OR CONTRIBUTING CAUSE OF DEA'	ner) P.M.	19			
	S PHYSIC the haspi this certi detached e Dept. a	Σ	21d INJURY OCCURRED 21a	PLACE OF INJURY (AT HO	HME, FARM, STREET, FACTORY.)	21E. LOCATION Street or R.F.D. N	c. City or Town	County State
	the this detre detre D	П	While Not while at work				1	
	by (ffter Staff	П	22a. I certify that (I) (th	is haspital) attende	d the deceased fro	im acros 29, 19.	67,10 Fan/	, 19 <u>68</u> , that (I) (we) lasted date and haur and fram th
-	R: /	Н	causes stated above	e, (I) (we) (did) (did	ngt) view the body	z., and marm (my) (abr) ap after death.	umon deam accorren an II	ie aate ana naot ana traili in
	ATI efei efei shoots	1	22b. SIGNATURE	112 101	111	2,1/4	TAFF CTAFF	22c. DATE SIGNED
	OR ATTENIED be retained be retained DIRECTOR: A ge 3 should ed with the	L	0 1	V /Ma	CUNI N	DEOREE PHYS.	MED. STAFF DIRECTOR PHYS,	1-12-68
	O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		22d. PHYSICIAN'S NAME (Type)	WM	2/17	M 22e ADDRESS	merdale	, 20.00,
	HOS Be 4 UNI	230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	5 5 5 E	1	REMOVAL (Specify)	N 15, 1968	WASHING	ton. NATIONAL	SUITLAND	MARYLAND
	VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR	(P) (b)	ADDRESS	2Sa. REC'D	BY REGISTRAR 25b RIGHT	CAR'S SIGNATURE AND CO.
	30M REV 1/68	1	I.W. CHAMBE	RS(O. K	IVERDALE	Mo, DATE JA	N T 9 1200	0

MARYLAND STATE DEPARTMENT OF HEALTH



DIV SION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01434 CERTIFICATE OF DEATH 01428 DECEASED-NAME 20 DATE OF DEATH 2b. HOUR (Type or print) Month 3 SEX SF UNDER 24 HRS S DATE OF BIRTH 6 AGE (In years IF LINDER YEAR requires that the death certificate be executed within 24 haurs after MONTHS DAYS HOURS last buthday) ourial-iransir permit. Then please remove carban papers.\Page: burial, crematian, ar remaval, and in any event, within 72 hou<u>s of</u> 7a. BIRTHP_ACE (State or foreign 9 COUNTY OF DEATH 76 CIT. 7FN OF WHAT MARRIED .⊑ WIDOWED I DIVORCED [filled IS CITY OR TOWN OF BEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12p USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY and campletely fi during most of working life, even if retired) 130 USUM RESIDENCE (Where deceased lived, if institution Residence before 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY YEST NOT 14. FATHER'S NAME. Middle 15 MOTHER'S MAIDEN NAME First 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **FAL SOCIAL SECURITY NO.** (If yes give wor or dates of service) Yes, no, or-unknown)_ IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (C) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-transit use to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health prior tab Page 4 may be retained by the haspital ar attending has been 190. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO E this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. director, page 3 should be detached 1 should be filed with the State Dept. of If either, notify medical examiner) P.M. 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 22a | certify that (1) (this haspital) attended the deceased from-1968, and that in (my) (our) apinion death accurred on the date and hour and from the saw the deceased alive an causes stated abave, (I) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MD DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) anor Pro Geo Md 23b. DATE 23c. NAME OF CEMETERY OR COMMANDRY 23d, LOCATION (City or Town) 230 BUR AL, CREMATION REMOVAL (Specify) Colmar Ft Lincoln Cemetery 1968 2So REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 图 F. Gasch's Sons Hyattsville, Md. 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle First Last 20. DATE OF DEATH death (Type or print) funeral deal MARY lease remave carban papers. Pages Tand in any event, within 72 haurs after 3. SEX RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR last birthday) MONTHS E DAYS Nov. 10, 18 C YRS that the death certificate be executed within 24 hours yd ni 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 8. MARRIED | NEVER MARRIED washington TRINCE S. A. WIDOWED T DIVORCED | GEORGES filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? I3e. STREET AND NUMBER YES 📮 NO fil30 S.Daketa Ave.N.E. 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle and Gilcrest Thompson Archie 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or unknown 215-54-5088 V. Dietz same as above Mrs. Nellie burial, crematian, or remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY 1 dhou IMMEDIATE CAUSE (a) signed by the burial-transit Conditions, if ony, which gove) rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the d far use as the af Health prior ta has been 190, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, (tem 18.) TOR CONTRIBUTING CAUSE OF DEATH 4 may be retained by the hospital HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. be detached directar, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work TO FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital), attended the deceased from 200 8 , 19.6 / , ta /cerc 2 sow the deceosed olive an tous __19 65, and that in (my) (our) opinion death accurred on the date and have and from the causes stoted above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATU 22c. DATE SIGNED DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DR. RichARD 1324 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 1/6/68 Glenwood Cemetery Washington, D. C. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) S. H. Hines Co. Washington, D.C. 1968 30M REV. 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH

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